Certification Application

mail your application to EQUILIBRIUM MIND-BODY FITNESS 6405 Telegraph, Building G, Bloomfield Medical Village, Bloomfield Hills, Michigan 48301 **or email training@equilibriumstudio.com**

CONTACT INFORMATION

name . company name (if applicable): .

address: .

.

city: . state: .

country: . zip: .

email: .

phone (day): . phone (evening): .

COURSE REGISTRATION

space will ONLY be reserved upon the receipt of your application and deposit. Applications must be accompanied by a $300US deposit for Intensive Courses, and $600.00 for CMR (non-refundable/non-transferable). Space is limited and applications will be processed on a first-come first-serve basis. You have an additional 30 days to submit your two letters of reference and a photo. Letters and photo must be received by the first day of class. Place X in front of courses being applied for.

INTENSIVE PROGRAM

- . **IMP** Intensive Mat-Plus – *40hrs*
- . **IR** Intensive Reformer – *50hrs*
- . **ICCB** Intensive Cadillac, Chair & Barrels – *50hrs*
- . **ICAD** Intensive Cadillac – *25hrs*
- . **ICHR** Intensive Stability Chair – *15hrs*
- . **IBRL** Intensive Barrels – *10hrs*

ADVANCED PROGRAM

- . **AMP** Advanced Matwork – *6hrs*
- . **AR** Advanced Reformer – *18hrs*
- . **ACCB** Advanced Cadillac, Chair & Barrels – *12hrs*
- . **AMP, AR, ACCB** Full Advanced Repertoire – *36hrs*
- . **ACAD** Advanced Cadillac –*6hrs*
- . **ACHR** Advanced Stability Chair – *3hrs*
- . **ABRL** Advanced Barrels – *3hrs*
- . **ISP** Injuries & Special Populations – *24hrs*

COMPREHENSIVE PROGRAM

- . **CMR** Comprehensive Mat & Reformer, Level 1 –120 hrs +130studio *+60hrs apprenticeship*
- . **CCCB** Comprehensive Cadillac, Chair & Barrels, Level 1 *– 50hrs +40hrs apprenticeship*
- . **FULL COMPREHENSIVE**, Levels 1&2 [CMR, CCCB, ISP, AMP, AR, ACCB] *10-12 month program + 100hrs apprenticeship*

START **DATE(S)** AND COURSE LOCATION REQUESTED

RELEVANT **EDUCATION**

please list related degrees, diplomas, post secondary or certificate courses and workshops

outline education in anatomy (courses/workshops taken)

list related certification (eg. ACE, AFAA etc. please specify)

RELEVANT **EXPERIENCE**

outline your teaching experience"

describe your experience in dance, fitness or other body work:

outline your experience with the works of Joseph Pilates:

PERSONAL INFORMATION

do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course?

how did you hear about STOTT PILATES EDUCATION?

how did you hear about Equilibrium Studio?

how do you plan to use your certification (how will you be applying your knowledge)?

are you using this course to fulfill continuing education credits?

☐ yes ☐ No

PAYMENT METHOD

Please select the payment type AND payment method below (you should check 2 boxes):

☐ deposit + Remaining Balance in Full (2 weeks before course start date)

☐ deposit + Payment Plan Set Up fee. Remaining balance paid in monthly installments from day 1 through last day

☐ Full Payment ☐ VISA ☐ AMEX ☐ Mastercard ☐ Check/Money Order

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ exp: ☐☐☐☐

CVC: BILLING ZIP CODE:

name on card:

signature:

CANCELATION POLICY - please sign below

Deposits and course fees are non-refundable and non-transferable. If you are unable to attend a course after payment has been received in full, you will be permitted to enroll in the NEXT course if there is space, with an additional $300 deposit. All registration and course fees are due in full two weeks before the first day of class and are non-refundable and non-transferable. If payment is not received, your space may be offered to someone on our waiting list. You will not get a refund of your deposit if you enroll as a vaccinated person, and then are unable to show proof of vaccination.

Read CANCELLATION Policy https://www.equilibriumstudio.com/policies/
Your digital signature below verifies that you have read, understood, and agree to our training fee policy found at our website.

name: _____ date: _____