



Pilates DNA Teacher Certification Application

Name: _____ Date: _____

Address: _____

Phone: mobile _____ other _____

Email: _____

Birth date: _____ Gender: _____

How long have you been doing Pilates? _____

How has Pilates benefited you? _____

Why do you want to get certified? _____

What other physical activities do you participate in? _____

Do you have any health problems? _____

How did you hear about the Pilates DNA Classical Teacher Training Program? _____

This program is intended to be completed in 1 year. If the program is not fully completed in 2 years, you must re-enroll as a new teacher trainee at the current cost.