



## Pilates DNA Teacher Certification Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

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.*

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