

PINELAND PILATES

SUITE 1420 @ 1420 WALNUT ST, PHILADELPHIA, PA 19110

(215) 545-2212

pinelandpilates.com

Candidate Application Form

PROGRAM: _____

CONTACT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

HOME STUDIO INFORMATION

Business / Studio Name: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

Website: _____

Owner / Director: _____

EDUCATION

Academic: _____
(University / College, Degrees, Date)

Pilates: _____
(Program, Certification, Date)

Somatic Arts and Sciences: _____
(Program, Certification, Date)

PROFESSIONAL HISTORY

As Client: _____
(Number of Years, Teachers)

As Teacher-Trainee: _____
(Duration of Program, Teachers)

As Practitioner: _____
(Studio, Number of Years, Hours / Week)

NATURE OF PRACTICE

Scope of Activities: _____
(Groups, Individuals, Other)

Approach: _____
(Conditioning/Fitness, Correctives/Rehabilitation, Performance Enhancement)

Point of View: _____
(Classical, Expanded, Stott, Winsor, Fletcher, Others)

Proficiencies / Deficiencies: _____

OTHER ACTIVITIES OR INTERESTS: _____
(Body, Mind, Spirit, or Intellect)

PERSONAL INFORMATION (Optional)

Birthdate: _____ Family: _____

Passions: _____ Careers: _____