



## Immersive Training Application Form

*Please fill out the following information and submit this form by emailing it to [info@lartepilates.com](mailto:info@lartepilates.com)*

### Personal Information

1. Full Name:

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2. Date of Birth:

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3. Email Address:

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4. WhatsApp Number:

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5. Mailing Address:

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6. Emergency Contact:

● Name: \_\_\_\_\_

● Relationship: \_\_\_\_\_

● Phone Number: \_\_\_\_\_

## Professional Information

1. Classical Pilates Certification:

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2. Years of Teaching Experience:

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3. Current Place(s) of Employment:

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## Program Details

1. Why are you interested in this Immersive Training program?

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## Medical Information

1. Do you have any medical conditions, allergies or physical limitations that we should be aware of? \_\_\_\_\_

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## Additional Information

1. How did you hear about this program?

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2. Any additional comments or concerns?

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