



## **Application for Tree-O Pilates Teacher Training Program**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email:** \_\_\_\_\_

Are currently taking pilates lessons/classes? Yes or No(circle one)  
If yes, where are you taking them and for how long?

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Why are you interested in Tree - O Pilates teacher training?

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What qualities do you feel are the most important in a pilates instructor?

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Do you have any teaching experience? Yes or No(circle one)  
If yes, please tell us briefly what it is.

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Do you have a background in fitness, dance, wellness etc.? Yes or no(circle one)  
If yes, tell us briefly what it is.

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Please tell us briefly what qualities you believe you have that you will be contributing to this group learning environment. How will they benefit you as a Pilates instructor/practitioner?

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***Your personal pilates practice***

What level do you believe you are as a pilates practitioner? \_\_\_\_\_

What exercises are your favorite?

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What exercises are a challenge for you and why?

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What is the definition of pilates?

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\*Please list any medical history that we need to know about you moving forward. (ie: injuries, surgeries, sickness) This is so that we can best accommodate your needs as well as the other students during the training.

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**Prerequisites to this program are the following:**

- A minimum of 6 months of regular pilates lessons/classes.
- A recommendation from your teacher to this program.
- Current CPR certification. There are many organizations that offer this, please let us know if you need suggestions.

Thank you for your interest in this program. We are ready to bring you the best Comprehensive Pilates Teacher Training program available today. With Tree-O Pilates Teacher Training you will

**LEARN PILATES, KNOW PILATES AND LIVE PILATES.**

Please print, scan and email this back to [apilatesplace2021@gmail.com](mailto:apilatesplace2021@gmail.com).