

MAT CLASS INFORMATION

Registration deadline: 08/25/10 (late registration fee: \$5.00).

Classes run Monday, 08/30/10 through Saturday, 10/23/10.

Fees are as follows for an **8-week** session:

One class per week:	\$96 / 8 classes
Two classes per week:	\$180 / 16 classes
Drop-in	\$15

Once a series has started, and **if space is available**, individuals can drop in to single classes for \$15.

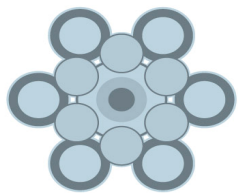
Registration deadline: These sessions will only be held if at least six people register and pay by registration deadline. **Payment in full is required to hold your place in the class. Payments will not be deposited until classes begin.** No refunds are possible after the first day of class. Please make checks payable to The Pilates Center.

Prerequisites: You must have previous Pilates mat class experience or take our introductory package in order to participate.

Missed classes/Drop-in classes: We cannot guarantee any makeup or drop-in classes. If you miss your scheduled class, you may make it up during the same 8-week session **if space allows**. Call the studio to place yourself on the waiting list for any class. Priority for space in a class will be as follows: 1. Registered students; 2. Paying drop-in customers; 3. Makeup lessons. The maximum number of students per class is ten.

Please circle each class series that you registered for and keep this sheet for your reference.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM			9:00 AM			9:00 AM
PM	5:30 PM		5:30 PM			



MAT CLASS REGISTRATION FORM

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Classes run Monday, 08/30/10 through Saturday, 10/23/10.

Fees for an 8-week session: 1x per week \$96, 2x per week \$180, drop-in fee \$15.

NAME _____ EMAIL _____

ADDRESS _____ ZIP _____

PHONE(S): (home) _____ (work) _____ (mobile) _____

Prior Pilates Mat Experience (how much, where): _____

I understand that my place is only guaranteed in my registered classes. I must call the studio to get on the waiting list for makeup or drop-in classes, which are not guaranteed. I agree to inform my instructor of any injuries or exercise restrictions I may have prior to taking class. I have a current health form on file at the studio.

SIGNATURE: _____

- Please **circle each class series** that you want to take below. Payment is due with registration form to hold your place in class.

Payment made: \$ _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM			9:00 AM			9:00 AM
PM	5:30 PM		5:30 PM			

- Please write in a **second-choice time** here in case one of your chosen classes is not available: _____.
- Please indicate below any **additional** times at which you would like mat classes to be offered: _____.