

## Class Registration Form

Name \_\_\_\_\_

e-mail \_\_\_\_\_

Daytime phone \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Cell phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about our program?

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Rate areas you would like to focus on? (1 – most important 5 – least important)

\_\_\_\_ Flexibility

\_\_\_\_ Strength

\_\_\_\_ Posture

\_\_\_\_ Sculpt and Tone

\_\_\_\_ Reduce Pain

Anything about your health history that instructor should be aware of?

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Skinny Jeans Forever  
The Scoop On Pilates, L.L.C.  
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