

# BODY reFORM, Pilates Studio Registration Form

Please complete Form. Enclose Registration Form and payment then mail to:  
BODY reFORM, 9321 Bay Shore Drive Ste. 101, Silverdale, WA 98383 Phone: 360.662.0615

## REGISTER EARLY.....CLASS SIZE LIMITED

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_ Email \_\_\_\_\_

**Quarterly Class Schedules will be sent via e-mail.** Would you like a schedule mailed to you? Yes \_\_\_ No \_\_\_

Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Private Session \_\_\_ Other \_\_\_

Payment Method: Cash \_\_\_ Check \_\_\_ Please make checks payable to: **BODY reFORM**

For "**Pilates for Pregnancy**" class ONLY, Due Date \_\_\_\_\_ A signed note from your healthcare provider will be needed before beginning the class.

**MAT CLASS REFUND POLICY:** If, after enrolling in class, you decide not to attend, a 100% refund will be issued if notification is given before the first class. A 75% refund will be given if the decision not to continue occurs during the first two classes of the quarter. No refunds will be given after the second class of the quarter.

How did you first hear about BODY reFORM? \_\_\_\_\_