

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**

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? _____