

Registration for Private or Group Classes

Name: (print)	
Mailing Address:	
City:	_Postal Code:
Email:	
Phone: (H)	_
(C)	-
(W)	
Whom to contact in case of emergency:	
Phone:	
How did you hear about KW Pilates?	
What is your reason for starting a Pilates-based program	m?
What are your fitness goals for this program?	

Would you like to receive our newsletter via email? Yes No