

General Information		
Name:		
E-mail:		Phone:
Address:		
City:	State:	ZIP Code:
Business Name (if applicable)		Position:
Business Address:		
City:	State:	ZIP Code:
Lolita's Legacy Teacher Training Program		
<p>This is a comprehensive Pilates Teacher Training Program. In order to complete the Training Program you must complete all 4 Systems to receive your Comprehensive Certificate. You may pay for each system separately; by completing this registration form you agree to register, pay for, and complete the entire program of all 4 Systems.</p> <p>A \$500.00 deposit is required to reserve your space in the course. Full payment of each System is required 30 days prior to the System start date. E-mail a copy of this registration form to Lillian@LolitaPilates.com.</p>		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Emergency Contact		
Name:	Relationship:	
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Payment Information		
Check / Money Order make payable to		
Visa	MasterCard	American Express
Credit Card Number:		
Expiration Date (month, year):	3 or 4 Digit Code on back:	
Name as it appears on card:		
Billing Address:		
City:	State:	ZIP Code:
<i>"I authorize the charge to my credit card."</i>		
Signature:		Date:
Legacy Education Center		
Business Name:	Address:	
City:	State:	Zip:
Country:	Educator:	
Training Dates:		
<p>"I understand that I am enrolling in a Comprehensive Pilates Teacher Training Program and I agree to pay for and participate in all 4 Systems of Training and I must complete and pass the final test with an 80% or more to receive the title as a Comprehensively trained Pilates Teacher."</p>		
Signature of applicant:		Date:
Signature of Lolita's Legacy Educator		Date: