

# MENTOR APPLICATION

**INFORMATION:** Please complete the following information.

Name:					
Home Address:		City:	State:	Zip:	Country:
Phone:	Cell:		Fax:		
Email:					
Employer:					
Work Address:		City:	State:	Zip:	Country:
Phone:	Fax:				
Website:					

**PILATES EDUCATION:** List number of years of Pilates study, institution, area of study, instructor and certification.

Years of Study	Institution (e.g. Polestar)	Area of Study	Primary Instructor	Certified	Certification Date	Re-certification Date

**WEEKLY PILATES PRACTICE AND TEACHING SUMMARY:** Please Indicate average hours of personal Pilates practice and teaching per week.

Average hours of personal Pilates practice per week:			
Rehab _____	Studio _____	Allegro _____	Mat _____
Average hours of teaching Pilates per week:			
Rehab _____	Studio _____	Allegro _____	Mat _____

**OTHER MIND-BODY EDUCATION:** Please indicate other mind-body training you have completed.

Years of Study	Institution	Area of Study	Primary Instructor	Certified	Certification Date	Re-certification Date

**ADDITIONAL EDUCATION INFORMATION:** Please indicate any additional degrees held and areas of specialization.

Degrees held: \_\_\_\_\_

Areas of specialty: \_\_\_\_\_