



General Information

First Name: _____

Last Name: _____

Your Email Address: _____

Your Contact Phone Number: _____

Pilates experience/education : _____

General education: _____

Professional Qualifications: _____

Mailing Information

Address: _____

City/Town: _____

State/Province: _____

Zip/Postal: _____

Home Phone Number: _____

Cell Phone Number: _____

Payment by Credit Card (Visa/ Master Card only)

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address

Street/ Apt #: _____

City/Town: _____

State/Province: _____

Zip/Postal: _____

Credit Card Number: _____

Expiration Date: _____

I authorize Goodwood Enterprises (dba Fit From The Core) to charge the amount of \$_____ to the credit card listed above

Signature _____ Date _____