

Pilates Mentorship Application Form

Contact Information

Full Name: _____

Email Address: _____

Phone Number: _____

Location (City, State, Country): _____

Professional Background

Are you a:

Certified Pilates Teacher

Teacher in Training

Studio Owner

Certification(s) & Year Completed: _____

How many years have you been teaching Pilates? _____

Do you currently own or manage a studio?

Yes No

If yes, please provide studio name and website:

Current Teaching & Business Structure

Average number of sessions per week: _____

Do you have staff or contractors?

Yes No

If yes, how many? _____



Goals for Mentorship- Please include what areas you need the most support with now.

What are your top 3 goals for participating in this program?

1.

2.

3.

What challenges are you currently facing in your teaching or business?

What are the top three goals you would like to achieve in the next year?

1.

2.

3.

Why is it Important to you to make these changes?



Preferred Mentorship Format

Virtual (Zoom)

In-Person (Tucson, AZ)

Desired start date: _____

Commitment

Are you interested in:

Standalone Session

3-Month Program

6-Month Program

Additional Information

Anything else you'd like me to know about your goals or background?

