

# Pilates Mentorship Application Form

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## 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?

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**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?

