



PRIVATE PILATES INTEREST FORM

Name: _____ Date: _____

Phone: _____ Cell Phone: _____ E-Mail _____

Address: _____

Upon Completion of This Form, You Will Receive a Follow-Up Email

Please indicate if you would prefer to receive a phone call instead: Phone
 Cell Phone

BU Affiliation: STUDENT ALUMNI FACULTY/STAFF FAMILY OF AFFILIATE

Sex: Male Female Age: _____

What type of training are you interested in?

Pilates Mat Session Pilates Apparatus Session Combination Mat and Apparatus Session

How many sessions are you interested in? 1 session 5 sessions 10 sessions

How many sessions per week? _____

Availability: Please place an X in the boxes to indicate when you are available.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							

Contact budance@bu.edu if you have any question or if you do not receive confirmation within three business days.