PRIVATE PILATES INTEREST FORM

Name: _______________________________ Date: ___________________

Phone: ________________ Cell Phone: _______________

E-Mail Address: _______________________________

Please rank the following areas of focus in order of interest to you:
(1-Most 4-Least)

___ Strength/Endurance ___ Flexibility ___ Posture ___ Relaxation/Mindfulness

___ Other/Please describe: _______________________

Current Level of Fitness:

___ Sedentary  ___ Active ___ Very Active

Scheduling:

Frequency of sessions: ___ Single or ___ Series ( ___ x/week)

Are you available weekday: ___ Morning ___ Afternoon ___ Evenings

Preferences:

Would you prefer to train on a weekend? If so, when?

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