



# PRIVATE LESSON INTEREST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

BU Affiliation:    **STUDENT**    **ALUMNI**    **FACULTY/STAFF**    **FAMILY OF AFFILIATE**

Sex:    **Male**    **Female**    Age: \_\_\_\_\_

## IF INTERESTED IN PILATES:

What type of training are you interested in?

Pilates Mat Session     Pilates Apparatus Session  
 Combination of Pilates Mat and Pilates Apparatus Session

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

How many sessions per week? \_\_\_\_\_

## IF INTERESTED IN AERIAL, POLE, DANCE:

Genre of Dance (please list apparatus if aerial):

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

Master Current Repertoire     Learn New Techniques     Develop Choreography  
 Prepare for Performance/Competition     Alignment Issues/Injury Prevention  
 Other/Please describe:

Current Level of Skill:

Beginner     Intermediate     Advanced     Professional

Please indicate if you prefer a specific instructor: \_\_\_\_\_



**Scheduling:**

**Frequency of sessions: \_\_\_ Single or \_\_\_ Series (\_\_\_ x/week)**

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

**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](mailto:budance@bu.edu) if you have any special concerns or if you do not receive confirmation within three business days.