

# Student Application

## COMPREHENSIVE PROGRAM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / US State OR Canadian Province / Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone

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

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone

### Please select the Comprehensive Program to which you are applying:

*NOTE: The application deadline is 90 days prior to the start date of the program to which you are applying.*

#### US Programs

| CAMPUS                                 | START DATE (Month / Year) |
|--|---------------------------|
| <input type="checkbox"/> Arizona       | _____                     |
| <input type="checkbox"/> N. California | _____                     |
| <input type="checkbox"/> Illinois      | _____                     |
| <input type="checkbox"/> Pennsylvania  | _____                     |
| <input type="checkbox"/> Texas         | _____                     |

#### International Programs

| CAMPUS                             | START DATE (Month / Year) |
|------------------------------------|---------------------------|
| <input type="checkbox"/> Australia | _____                     |
| <input type="checkbox"/> Canada    | _____                     |
| <input type="checkbox"/> Japan     | _____                     |
| <input type="checkbox"/> Singapore | _____                     |

*For a complete listing of Comprehensive Program locations and start dates please go to the Comprehensive Program on the Events and Registration page at [www.fletcherpilates.com](http://www.fletcherpilates.com) or call The Ron Fletcher Company<sup>®</sup> at (888) RFC-8884*

**PLEASE NOTE:**

You will be required to complete an entrance evaluation and interview demonstrating basic knowledge of the beginning / intermediate syllabus.

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**Please attach additional page(s) as needed:**

**Educational Experience**

- High School: \_\_\_\_\_  
 City / State: \_\_\_\_\_  
 Years Attended: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_
- Undergraduate School: \_\_\_\_\_  
 City / State: \_\_\_\_\_  
 Years Attended: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_  
 Degree: \_\_\_\_\_
- Graduate School: \_\_\_\_\_  
 City / State: \_\_\_\_\_  
 Years Attended: \_\_\_\_\_  
 Year Completed: \_\_\_\_\_  
 Degree: \_\_\_\_\_
- If applicable, describe your study of anatomy and physiology.
- List all other related certifications and degrees.

**Pilates / Fletcher Experience**

- Briefly outline your Pilates Method / Fletcher Work<sup>®</sup> experience, including length of study in this field.
- Note your primary teacher and place of study.

**Please list Fletcher Pilates<sup>®</sup> prerequisite hours completed to date\***

- Private sessions \_\_\_\_\_
- Group classes \_\_\_\_\_

\* You are required to submit documentation of at least 30 private sessions and 50 group classes directly to your Campus Faculty prior to commencing the Program.

**Additional Required Information**

- Let us know why you would like to attend this Program and how you found out about it.
- Include two letters of recommendation as follows:  
 1) Your primary Pilates / Fletcher Teacher;  
 2) A personal or professional reference.
- Include a US\$100 application fee made out to Fletcher Pilates<sup>®</sup> Inc. which covers your Application Review, Entrance Interview and Entrance Evaluation.

I verify that all application information submitted within this document is true and correct.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Method of Payment**

*(US\$100 nonrefundable application processing fee)*

- Check (payable to The Ron Fletcher Company<sup>®</sup>)
- MasterCard     Visa     Other

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Submit your complete application along with letters of recommendation and the application fee to:

The Ron Fletcher Company<sup>®</sup>  
 P.O. Box 64971 · Tucson, Arizona 85728

|  |
|--|
| OFFICE USE ONLY  |
| _____<br><i>Applicant's Name</i><br>has been formally accepted to the Program. |
| _____<br><i>Program Director</i>   |
| _____<br><i>Date</i>   |