



# New Direction Pilates

## APPLICATION FORM

*(TO BE COMPLETED BY NEW CLIENTS ONLY)*

**NEW CLIENTS:** Complete and return this form with your payment together with the completed ASSESSMENT FORM

COURSE REF:		STANDARD*:		PRICE:	£	START DATE:	
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**\*STANDARD:** BEGINNERS = **B** - IMPROVERS = **IMP**  
INTERMEDIATE = **INT** - CLASSIC MAT = **CM**

I enclose my cheque (payable to **New Direction Pilates**) for £\_\_\_\_\_

First Name:		Last Name:	
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Signed:		Date:	
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