



# Student Application

## COMPREHENSIVE PROGRAM

### 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	_____
<input type="checkbox"/> Mexico	_____
<input type="checkbox"/> Colombia	_____

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® at **(888) RFC-8884**

\_\_\_\_\_  
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 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 30 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 references as follows:
  - 1) Your primary Pilates / Fletcher Teacher;
  - 2) A personal or professional reference.
- Include a US\$100 application fee made out to *The Ron Fletcher Company<sup>®</sup>* to cover administrative processing of your application and the 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

\_\_\_\_\_  
*Applicant's Name*

has been formally accepted to the Program.

\_\_\_\_\_  
*Program Director*

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