

Synergy Foundational and Classical Pilates Mat Application

Name: _____

Profession: _____

Describe your personal movement practice.

If you are a clinician describe your practice style, philosophy, and continuing education.

If you are a movement teacher describe your background in movement including teacher trainings, workshops you have taken. How long have you been teaching movement?

Synergy Foundational and Classical Pilates Mat Application

Why are you interested in taking the Synergy Pilates Teacher Training?

What do you plan to do with the Synergy Pilates Teacher Training certification?
Describe how you plan to incorporate the movement skills into your current practice.

Synergy Foundational and Classical Pilates Mat Application