



## Classical Pilates Training Limited

35 Angus Road

Goring by sea

West Sussex. BN12 4BL

Tel: 01903 741824 / 609311

email: [info@classicalpilatestraining.co.uk](mailto:info@classicalpilatestraining.co.uk)

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## Registration

Deposit of : £750.00 upon application (non refundable)

1<sup>st</sup> instalment : £2,000.00 by 31/08/2009

2<sup>nd</sup> Instalment : £1,750.00 by 05/10/2009

TOTAL COST £4500.00

Please note paying the deposit constitutes a contract between yourself and Classical Pilates Training Ltd. The full payment must be paid by the date requested otherwise interest and charges will be incurred. Any non - payment will be taken as a breach of contract and will be dealt with accordingly.

Additional costs will be for private/semi private sessions and for reading materials required. Further details will be supplied once you have registered your place.

## DATES

Monday – Saturday inclusive 9<sup>th</sup> to 14<sup>th</sup> November 2009

Monday – Saturday inclusive 16<sup>th</sup> – 21<sup>st</sup> November 2009

Location : Worthing.



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Please enroll me on the Classical Pilates Training Course for the Studio. I enclose a cheque / credit / debit card details for the deposit of £750.00.

Name .....

Address .....
.....
.....
.....

Email Address .....

Mobile Tel. No .....

If paying by Credit Card / Debit Card please complete the form below and return to us, or call on 01903 609311 to pay over the phone. Please note that if paying by Credit Card there will be a 2% surcharge applied to the amount taken.

CREDIT / DEBIT CARD DETAILS:

CREDIT / DEBIT CARD NO. [Redacted]

START DATE (MM/YY) [Redacted] / [Redacted] EXPIRY DATE (MM/YY) [Redacted] / [Redacted]

LAST 3 DIGITS ON SIGNATURE STRIP [Redacted] ISSUE NUMBER (SWITCH ONLY) [Redacted]

NAME ON CARD [Redacted]

CARDHOLDER ADDRESS IF DIFFERENT FROM OVERLEAF [Redacted]

POST CODE [Redacted]

SIGNATURE OF CARDHOLDER [Redacted]

