

# PILATES REFORMER

Session Renewal Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CWID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Individual Session Rates (Circle a package option and list the number being purchased.)

Session Type	1 Session	5 Sessions	10 Sessions	Number of sessions/package	Total \$
Individual	\$35	\$160	\$300		

Instructor: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

### Partner Session Rates (Circle a package option and list the number being purchased.)

Session Type	1 Session	5 Sessions	10 Sessions	Number of sessions/package	Total \$
Partner (price is listed per partner)	\$25	\$110	\$200		

Partner's name: \_\_\_\_\_ Instructor: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

### Create Your Own Group

Session Type	1 Session	Number of sessions	Total \$
Group (3-6 members)	\$45/Session/Group		

Group Members: \_\_\_\_\_

Instructor: \_\_\_\_\_ Preferred Day/Time: \_\_\_\_\_

Office Use Only

Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ BamaCash \_\_\_\_\_ Credit Card \_\_\_\_\_

Staff \_\_\_\_\_ Please verify that all paperwork has been completed. Invoice# \_\_\_\_\_