

PILATES REFORMER

Renewal Session 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# _____

