

Please drop off or mail to:
2 1/2 Beacon St
Concord, NH 03301
(603) 856 - 7328
ConcordPilates.com



Class Registration

I, _____ (First and Last Name) am registering for these classes:

Please include Class Name, as well as Day and Time:

Second Choices

If my above choices don't run, I'd like to register for:

I understand that I will be charged \$120 for a mat, \$160 for a Full Body Equipment, and \$260 for an 8-week Pilates by Design class **as soon as the minimum required amount of students has been reached.**

I have enclosed a check.

Please charge the credit card below.

Name as it Appears on Card: _____

Card Number: _____

Expiration Date: ____ / ____ CVC/CVV: _____

Other. Please explain: _____

I understand that the class will not be held if the minimum number of students is not reached. I will be notified no later than 3 days before the class start and I will not be charged. At this point, I have the chance to register for one of the other classes offered.

Signature _____

Date: _____