REGISTRATION FORM ****

COURSE NAME:

Name and surname:

N.I.F:

Home:

C.P:

Population:

Province:

Phone:

E-mail:

Pilates teacher or student:

Another formation:

Date of registration (entry into account):

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Once the registration has been completed, the entry or transfer will be made to the account of BodyMind Studio SL , at Banco Sabadell, account number ES87 0081 5736 9900 0107 5108.Indicate the first and last names.

Send to the email info@bmindstudiopilates.com the receipt and the registration form.

The admission to the course will be by rigorous order of registration according to the date of entry.