

# NEW CLIENT REGISTRATION



Title  Ms.  Mrs.  Mr.

First Name

Last Name

Address

State/Province

Zip Code

Phone

Email

Date of Birth

**PLEASE NOTE: Download this PDF fill it out  
and e-mail to [info@coorstudio.co.za](mailto:info@coorstudio.co.za)**

How did you hear about us? (Please tick)

- Recommendation
- Advertisement
- Social Media
- Search Engine
- Other \_\_\_\_\_

What are you interested in training at  
COOR studio?

- Reformer Pilates
- Mat Pilates
- Yoga
- All of the above
- I'm not sure yet \_\_\_\_\_

Are there any past/present injuries I  
should be aware of? Please specify them  
all.

Signature

