



Course Registration Form

Please fill out this registration form. We will contact you shortly with confirmation if a space is available in the timeslot you choose.

First Name _____

Last Name _____

Address _____

City, State, Zip _____, _____, _____

Birthdate _____ / _____ / _____

Email _____

Work Phone _____

Home Phone _____

Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Do you have any Medical Issues we should be aware of? Previous injuries?
Please Describe below:

Have you taken Yoga, Pilates or Gyrokinesis® before? If so, please indicate approximate dates, course levels, instructor, equipment, etc...

Stott Pilates Course Selection...Please choose one of each:

First Choice Day of Week: _____
Time of Day: _____

Second Choice Day of Week: _____
Time of Day: _____

Gyrotonic® Course Selection:

First Choice Day of Week: _____
Time of Day: _____

Second Choice Day of Week: _____
Time of Day: _____

Yoga Course Selection:

First Choice Day of Week: _____

Time of Day: _____

Second Choice Day of Week: _____

Time of Day: _____

Please mail a check payable to "Shelia Donovan"

Due to limited space, your class reservation is confirmed when we receive your payment.

We will not be making phone calls to confirm your class schedule.

Please include an email address for communication purposes.

An email confirmation will be sent to you when we receive your payment.

847 Washington Street • Canton, MA 02021
781-821-4448 • email@SheliaDonovan.com