

# PILATES TRAINING CAMP

## Renewal Log

Name of Workshop/Course	Name of Instructor	Date	# of hours	# of ACE CEC's	Location/Convention
Total Number of Contact Hours =					

Complete the information above & send via **regular** mail or email with proof of attendance and ACE CEC's if applicable

**Pilates Training Camp, P.O. Box 482, Driggs, ID 83422**                      **pilatestrainingcamp@gmail.com**

Your Name: \_\_\_\_\_ Certificate: REF, MAT, CAD, FULL EQUIP, Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Renewal Fee \$50 enclosed: Check \_\_\_\_ Credit Card \_\_\_\_ A Paypal invoice will be sent to your email

**DID YOU REMEMBER TO INCLUDE:**  
 Copy/Proof of CEC's \_\_\_\_  
 Payment \_\_\_\_  
 Old Certificate \_\_\_\_

Revised 8/15

**ALL CERTIFICATES MUST BE RENEWED EVERY 2 YEARS WITH 16 HOURS OF CONTINUING EDUCATION**