## **REGISTRATION FORM AND SUBSCRIPTION 2025**



L	ast name and first name
F (	Place and date of birth dd/mm/year) Complete address
N	Mobile
E	-mail
F	
$\rightarrow$	Subscription fee 2025, CHF 20 (dd/mm/year)
1.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
2.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
3.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
4.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from ( <i>dd/mm/year</i> ) to CHF
5.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
6.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
7.	Subscription of (number) = online = in studio = private = duet = group Pilates classes from (dd/mm/year) to CHF
Accep	oted payment methods:  cash  TWINT (079 884 44 06)  bank transfer:  Marta Bestetti, 6900 Paradiso, Switzerland  CH93 0027 4274 1011 5040 Y, BIC: UBSWCHZH80A  UBS SA, Payment description: First and last name, your subscription
□ Or ti □ "I de	se enclose your medical certificate ck this box if you self-declare your good health in present eclare to have read the regulation of the studio and the 2025 price list" this box if you would like to receive informative e-mails about the studio's activity
Lugan	o, ( <i>dd/mm/year</i> )
Signature:	