



Pilates Classes – Leeds 25 – Booking Form

I wish to join class ..... (e.g. class B) Course commencement date .....

Name:

Address:

Post Code:

Contact Telephone No

Mobile Number

Email

I enclose a cheque for £..... made payable to Equilibrium Health Limited.  
Please send your cheque to Equilibrium Health limited, 5 Apple Tree Mews, Kippax, Leeds, LS25 7SE or ring with card details on 07721 369 904