

Todays Date: _____

Caribbean Fitness Consulting

Application for Caribbean Fitness Instruction Placement

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Please Specify:

Check if sending Dir. Referral

Check if sending video

Resort Preference:

.....
Where are you currently employed? _____

Title: _____

Years Experience teaching: _____

Background in Health/Fitness Field:

Which Organizations are you certified by?

Is your certification current? Yes No

Expiration Date: _____

If no, when will it be renewed? _____

Is your CPR Certification Current? Yes No

Expiration Date: _____

If no, when will it be renewed? _____

Do you or your club currently have liability insurance? Yes No

Expiration Date: _____

If no, when will it be renewed? _____

If yes, with what insurance company? _____

Please indicate which types of group exercise classes you are able to teach:

Hi/Lo Impact Step Muscle Conditioning Yoga Pilates

Please list all additional types of classes you are able to teach:

I understand that I, _____, am responsible for obtaining and
Print Name

paying for air travel for myself and my guest and I understand that there is a \$350 per week placement/referral fee. I would like to be a guest instructor at _____ Resort for:

1 Week

2 Weeks

3 Weeks

4 Weeks

Signature

Date

Please provide 3 choices of dates you would like to be a guest instructor:

1. _____

2. _____

3. _____

Please provide at least one reference (aerobics director/club director) that we may call:

Please let us know how you heard about us:

Mail: FRA, 74 Crescent Rd., Needham, MA 02494 * Phone: 781-449-7636

Email: CFCstaff@caribbeanfitnessconsulting.com * Fax: 781-449-5372