

REGISTRATION FORM AND SUBSCRIPTION 2026



Last name and first name

Place and date of birth
(dd/mm/year)

Complete address

Mobile

E-mail

Do you need the health
insurance certificate?

☐ Client

☐ Teacher/Teacher in training

→ Subscription fee 2026, 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 (dd/mm/year) _____ 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 _____

Accepted 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

☐ Please enclose your medical certificate

☐ Or tick this box if you self-declare your good health in present

☐ "I declare to have read the regulation of the studio and the 2026 price list"

☐ Tick this box if you would like to receive informative e-mails about the studio's activity

Lugano, (dd/mm/year) _____

Signature: _____