

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?	
<input type="checkbox"/> Client	<input type="checkbox"/> 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: _____