



LMMW CHAMPION APPLICATION

www.lesmills.com
877.LES.MILLS

Application must be completed in full and submitted with video in order to be reviewed and considered

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

E-MAIL (both work and personal): _____

LICENSED FACILITIES IN WHICH YOU TEACH (include programs & full address):

DATE OF BIRTH (optional): _____ GENDER: male female

PROGRAM(S) YOU WISH TO CHAMPION

(check and write in years certified):

_____ years certified **BODYATTACK®** _____ years certified **BODYCOMBAT®** _____ years certified **BODYFLOW®** _____ years certified **BODYJAM®**

_____ years certified **BODYPUMP®** _____ years certified **BODYSTEP®** _____ years certified **BODYVIVE®** _____ years certified **RPM®**

DISTANCES YOU ARE WILLING TO TRAVEL (check home state and indicate approximate driving distance to others):

IL _____ OH _____ MI _____ IN _____ MN _____ WI _____
 ND _____ SD _____ NE _____ IA _____ KS _____ MO _____

Please list additional certifications, experience, achievements and relevant information below:

By signing below I, _____, affirm that I am based in the Midwest territory, teaching in a licensed facility, have signed a current Les Mills instructor agreement, have been teaching for at least 3 full months in each program indicated, have the permission/support of my primary facility and am at least 18 years of age.

Signed: _____, Date _____

Send to: Alice Witteveen | P.O. Box 6294 | Lafayette, IN 47903
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