



**GYROKINESIS®**  
**Level 1 Foundation**  
 May 2 - 12, 2017  
 Master Trainer: *Debra Rose*

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 San Francisco, CA 94103  
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Name: (as you wish it to appear on the certificate)	Home #:
Street:	Cell #:
City, State, Zip:	Work #:
E-mail:	Referred by:

Where you see clients:

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

**DATES:**

GYROKINESIS® Pre-training complete \_\_\_/\_\_\_/\_\_\_

**Total Cost: \$1100      Deposit: \$400      Balance: \$700**

**Prerequisite: GYROKINESIS® Pre-Training Qualification Agreement**

**Schedule:**

Day	Date	Hours	Day	Date	Hours
Tuesday	5/2	10:00-5:00	Monday	5/8	10:00-5:00
Wednesday	5/3	10:00-5:00	Wednesday	5/10	10:00-5:00
Thursday	5/4	11:00-5:30	Thursday	5/11	11:00-5:30
Friday	5/5	10:00-5:00	Friday	5/12	10:00-5:00
Sunday	5/7	10:00-5:00			

**Days OFF: Saturday, May 6 and Tuesday, May 9**

If you have any injuries or weak areas of the body that could potentially warrant special attention during the course, please describe below:

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I \_\_\_\_\_ understand that I alone am responsible for any accidents that occur or injuries that may be sustained in any work I may do as a part of my training at San Francisco GYROTONIC® (SFG) and that neither SFG nor any of its employees will be held liable for any such injuries or accidents. I have read and completely understand this statement and its contents. Any questions I may have had regarding this statement have been asked and answered to my satisfaction and comprehension.

I have enclosed a payment of: \$ \_\_\_\_\_  
 All deposits are non-refundable and non-transferable.  
 Please make checks payable to: San Francisco GYROTONIC®  
 Balance due on the first day of the course

Signature: \_\_\_\_\_ Date: \_\_\_\_\_