



**GYROTONIC®**  
**Applications Juliu's**  
**Wrapping System**

26 7th St., 4<sup>th</sup> Fl.  
San Francisco, CA 94103  
Tel: 415-863-3719  
www.sfgyrotonic.com

April 6–8, 2017

Master Trainer: Debra Rose

Name: \_\_\_\_\_

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

Home #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work #: \_\_\_\_\_

Referred by: \_\_\_\_\_

Where you see clients: \_\_\_\_\_

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

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

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

**Total Cost: \$500**

**Deposit: \$150**

**Balance: \$350**

**Prerequisite: GYROTONIC® Level 1 certificate**

**Schedule: April 6-8; 10:00am-5:00pm daily**

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

\_\_\_\_\_  
\_\_\_\_\_

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 the deposit 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: \_\_\_\_\_