



GYROTONER®
 April 17-22, 2017
 Master Trainer: *Debra Rose*

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 San Francisco, CA 94103
 Tel: 415-863-3719
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Name: *(as you wish it to appear on the certificate)*

Street:	Home #:
City, State, Zip:	Cell #:
E-mail:	Work #:

Studio Affiliation: _____
 Street: _____
 City, State, Zip: _____
 Website: _____

DATES:	
GYROTONIC® Certification	___/___/___
Last GYROTONIC® Level1 Update	___/___/___
This course taken previously	___/___/___

Cost: \$800

Deposit: \$300

Balance: \$500

Prerequisite: GYROTONIC® Level 1 Certificate

Schedule:

Day	Date	Hours	Day	Date	Hours
Monday	4/17	10:30am-5:00pm	Thursday	4/20	DAY OFF
Tuesday	4/18	10:30am-5:00pm	Friday	4/21	11:30am-5:30pm
Wednesday	4/19	10:30am-5:00pm	Saturday	4/22	10:30am-5:00pm

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: \$ _____

All deposits are non-refundable and non-transferable.

Please make checks payable to: San Francisco **GYROTONIC®**

Balance of the course is due on the first day of the course.

Signature: _____ Date: _____