



**GYROTONIC®**  
**Supervised Apprentice Review**  
*September 14-20, 2017*  
Master Trainer: *Debra Rose*

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Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

Where you see clients: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Website: \_\_\_\_\_

**DATES:**  
GYROTONIC® Level1 Foundation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Master Trainer \_\_\_\_\_

**Toal Cost: \$900      Deposit: \$300      Balance: \$600**

**Prerequisite: GYROTONIC® Apprentice Certificate**

**Schedule:**

Day	Date	Hours	Day	Date	Hours
Thursday	9/14	10:30am-5:30pm	Monday	9/18	10:30am-5:30pm
Friday	9/15	11:30am-5:30pm	Tuesday	9/19	10:30am-5:30pm
Saturday	9/16	10:30am-5:30pm	Wednesday	9/20	10:30am-5:30pm

Sunday 9/17: OFF

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: \_\_\_\_\_