



**GYROTONIC®**  
**Level 1 Foundation**  
*January 3 - 18, 2018*  
Master Trainer: *Debra Rose*

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[www.sfgyrotonic.com](http://www.sfgyrotonic.com)

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: \_\_\_\_\_

<b>DATES:</b> GYROTONIC® Pre-training complete ___/___/___
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**Cost: \$1850                      Deposit: \$500                      Balance: \$1350**

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

**Schedule:**

Daily from 10:30am-5:30pm  
Days off: Sundays, January 7 & 14  
Optional days: January 17-18

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 due on the first day of the course

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