



GYROTONIC®

Pre-Training

December 7 – 13, 2017

Master Trainer: *Debra Rose*

26 7th St., 4th Fl.
San Francisco, CA 94103
Tel: 415-863-3719
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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:

Prerequisite: It is strongly recommended that the students wanting to enroll in a Pre-Training Course take some private or introductory lessons on the Pulley Tower prior to enrollment.

Total Cost: \$1000 Deposit: \$300 Balance: \$700

Schedule:

Day	Date	Hours	Day	Date	Hours
Thursday	12/7	10:30am-4:30pm	Monday	12/11	10:30am-4:30pm
Friday	12/8	11:30am-5:30pm	Tuesday	12/12	10:30am-4:30pm
Saturday	12/9	10:30am-4:30pm	Wednesday	12/13	10:30am-4:30pm

Sunday 12/10: OFF

Please tell us a little about your previous experience with the system:

GYROTONIC® Experience - Please check one: Studio(s) where you practice or trainer(s) you practice with:

Less than 6 months

Less than 1 year

1-3 Years

3-7 years

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: _____