



GYROKINESIS®
Supervised Apprentice Review
August 25 – 29, 2017
Master Trainer: *Debra Rose*

26 7th St., 4th Fl.
San Francisco, CA 94103
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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: _____

Where you see clients: _____
Street: _____
City, State, Zip: _____
Website: _____

DATES:
GYROKINESIS® Foundation ___ / ___ / ___
Master Trainer _____

Total Cost: \$600 Deposit: \$200 Balance: \$400

Prerequisite: GYROKINESIS® Apprentice Certificate

Schedule:

| Day | Date | Hours |
|----------|------|------------|
| Friday | 8/25 | 10:00-5:00 |
| Saturday | 8/26 | 10:00-5:00 |
| Monday | 8/28 | 10:00-5:00 |
| Tuesday | 8/29 | 10:00-4:00 |

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: _____