



GYROTONIC®
Pre-Trainer Update
February 8 - 10, 2018
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 #: _____
Referred by: _____

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

DATES:
GYROTONIC® Certification ___/___/___
Last GYROTONIC® PT Update ___/___/___

Total Cost: \$500 Deposit: \$150 Balance: \$350

Prerequisite: GYROTONIC® Pre-Trainer

Schedule:

Day	Date	Hours
Thursday	2/8	10:30-5:30
Friday	2/9	11:00-5:30
Saturday	2/10	10:30-5:30

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: _____