



**GYROKINESIS®**

**Level 2**

May 16 - 26, 2018

Master Trainer: *Debra Rose*

26 7<sup>th</sup> St., 4<sup>th</sup> Fl.  
San Francisco, CA 94103  
Tel: 415-863-3719  
courses@sfgyrotonic.com  
www.sfgyrotonic.com

Name: (as you wish it to appear on the certificate)

Street: \_\_\_\_\_ Home #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work #: \_\_\_\_\_

Where you see clients: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

<b>DATES:</b>
GYROKINESIS® Level1 Foundation ____/____/____
GYROKINESIS® Level 2 Beginner ____/____/____

**Total Cost: \$1150    Deposit: \$350    Balance: \$800**

**Prerequisite: GYROKINESIS® Level 2 Beginner Course Attestation**

**Schedule: 10:00-5:00 daily**

**Days OFF: Sunday, May 20 and Thursday, May 24**

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 a payment 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: \_\_\_\_\_