



GYROKINESIS®
Level 2 Beginner
February 5 - 11, 2018
Master Trainer: *Erika Hassan*

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San Francisco, CA 94103
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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: _____

DATES:
GYROKINESIS® Level1 Foundation ____/____/____
Last GYROKINESIS® Update ____/____/____

Total Cost: \$950 Deposit: \$300 Balance: \$650

Prerequisite: GYROKINESIS® Level 1 Certificate

| Day | Date | Hours | Day | Date | Hours |
|-----------|------|----------------|----------|------|----------------|
| Monday | 2/5 | 10:00am-5:00pm | Friday | 2/9 | 9:00am-4:00pm |
| Tuesday | 2/6 | 10:00am-5:00pm | Saturday | 2/10 | 9:00am-4:00pm |
| Wednesday | 2/7 | 10:00am-5:00pm | Sunday | 2/11 | 10:00am-5:00pm |

Days OFF: Thursday, February 8

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: _____