



GYROKINESIS®
Level 1 Update
February 22, 25, 26, 2018
Master Trainer: *Dylan Elmore*

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

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

Total Cost: \$550 Deposit: \$200 Balance: \$350

Prerequisite: GYROKINESIS® Level 1 Certificate

Day	Date	Hours
Thursday	2/22	10:00am-5:00pm
Sunday	2/25	10:00am-5:00pm
Monday	2/26	9:00am-5:30pm

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®**

Please note that the balance of \$350 will be paid directly to Dylan in cash on the first day of the course

Signature: _____ Date: _____