



GYROTONIC®
Leg Extension Unit
November 12 - 19, 2018
Master Trainer: *Debra Rose*

26 7th St., 4th Fl.
San Francisco, CA 94103
Tel: 415-863-3719
info@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: _____

DATES:	
GYROTONIC® Certification	____/____/____
Last GYROTONIC® Level1 Update	____/____/____
This course taken previously	____/____/____

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

Prerequisite: GYROTONIC® Level 1 Certificate

Schedule:

10:00-5:00pm Daily

Days off: Wednesday, November 14 & Saturday, November 17

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: _____