



GYROTONIC®
Applications Juliu's
Wrapping System
September 13–15, 2018
Master Trainer: Debra Rose

26 7th St., 4th Fl.
San Francisco, CA 94103
Tel: 415-863-3719
www.sfgyrotonic.com

Name: _____

Street: _____

Home #: _____

City, State, Zip: _____

Cell #: _____

E-mail: _____

Work #: _____

Referred by: _____

Where you see clients: _____

Street: _____

City, State, Zip: _____

Website: _____

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

Prerequisite: GYROTONIC® Level 1 certificate

Schedule: 10:00am-5:00pm daily

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: _____