



**GYROTONIC®**

**Pre-Training**

December 6 – 12, 2018

Master Trainer: *Debra Rose*

26 7<sup>th</sup> St., 4<sup>th</sup> Fl.  
 San Francisco, CA 94103  
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Name: (as you wish it to appear on the certificate)	Home #:
Street:	Cell #:
City, State, Zip:	Work #:
E-mail:	Referred by:

**Prerequisite:** It is strongly recommended that the students wanting to enroll in a Pre-Training Course take some private or introductory lessons on the Pulley Tower prior to enrollment.

**Total Cost: \$1000      Deposit: \$300      Balance: \$700**

**Schedule:**

Day	Date	Hours	Day	Date	Hours
Thursday	12/6	10:30am-4:30pm	Monday	12/10	10:30am-4:30pm
Friday	12/7	11:30am-5:30pm	Tuesday	12/11	10:30am-4:30pm
Saturday	12/8	10:30am-4:30pm	Wednesday	12/12	10:30am-4:30pm

**Sunday 12/9: OFF**

Please tell us a little about your previous experience with the system:

**GYROTONIC® Experience - Please check one:**

Less than 6 months

Less than 1 year

1-3 Years

3-7 years

**Studio(s) where you practice or trainer(s) you practice with:**

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_