



GYROTONIC®

Supervised Apprentice Review

August 23 – 29, 2018

Master Trainer: *Debra Rose*

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

Name: (as you wish it to appear on the certificate)

Home #:

Street:

Cell #:

City, State, Zip:

Work #:

E-mail:

Referred by:

Where you see clients:

Street:

City, State, Zip:

Website:

DATES:

GYROTONIC® Foundation ___/___/___

Master Trainer _____

Total Cost: \$900

Deposit: \$300

Balance: \$600

Prerequisite: GYROTONIC® Apprentice Certificate

Schedule:

Daily from 10:30-5:30

Sunday, August 26: Day OFF

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: _____