



GYROTONIC®

GYROKINESIS®
Level 1 Foundation
 May 17-27, 2010

Master Trainer: *Debra Rose*

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Name: <i>(as you wish it to appear on the certificate)</i>	Home #:
Street:	Cell #:
City, State, Zip:	Work #:
E-mail:	Referred by:

Studio Affiliation: _____
 Street: _____
 City, State, Zip: _____
 Website: _____

DATES:
 GYROKINESIS® Pre-training complete ____/____/____

Cost: \$1100

Deposit: \$400

Prerequisite: GYROKINESIS® Pre-Training Qualification Agreement

Day	Date	Hours	Day	Date	Hours
Mon	5/17	11:00-5:00	Sun	5/23	Off
Tue	5/18	11:00-5:00	Mon	5/24	11:00-5:00
Wed	5/19	11:00-5:00	Tue	5/26	11:00-5:00
Thu	5/20	Off	Wed	5/27	11:00-5:00
Fri	5/21	11:00-5:00			
Sat	5/22	10:00-4:00			

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: \$ _____

All deposits are non-refundable and non-transferable.

Please make checks payable to: San Francisco **GYROTONIC®**

Signature: _____ Date: _____

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For office use only

Reg dt.	Dep Dt.	Amt/Pmt type	Bal dt	Amt/Pmt type
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