



GYROKINESIS®

Pre-Training

May 4-9, 2010

Pre Trainer: *Andi Cleag*

26 Seventh St., 4th Fl.
 San Francisco, CA 94103
 Tel: 415-863-3719
 Fax: 415-869-1001
 info@sfgyrotonic.com
 www.sfgyrotonic.com

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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: |

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

Cost: \$650 Deposit: \$150

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.

| Day | Date | Hours | Day | Date | Hours |
|------|------|----------------|-----|------|----------------|
| TUE | 5/4 | 11:00am-5:30pm | FRI | 5/7 | 10:00am-4:00pm |
| WED | 5/5 | 3:00pm-7:00pm | SAT | 5/8 | 11:00am-5:00pm |
| THUR | 5/6 | 11:00pm-4:30pm | SUN | 5/9 | 10:00am-4:00pm |

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