



GYROTONIC®

Supervised Apprentices Hours
January 22-24 and March 19-21, 2010
 Master Trainer: *Nora Heiber*

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 San Francisco, CA 94103
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 Fax: 415-869-1001
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 www.sfgyrotonic.com

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: _____

DATES:
 GYROTONIC® Level1 Foundation ___/___/___
 Master Trainer _____

Cost: \$850 Deposit: \$250

Prerequisite: GYROTONIC® Apprentice Certificate

Day	Date	Hours	Day	Date	Hours
FRI	1/22	11:00am – 5:00pm	FRI	3/19	11:00am – 5:00pm
SAT	1/23	10:00am – 5:00pm	SAT	3/20	10:00am – 4:00pm
SUN	1/24	2:00pm- 5:30pm	SUN	3/21	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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For office use only

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