



GYROTONIC®
Level 1 Foundation Drop-In
 January 04 - 16, 2010
 Master Trainer: *Debra Rose*

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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: _____

DATES:
 GYROTONIC® Pre-training complete ___/___/___

Prerequisite: GYROTONIC® Apprentice Certificate

Day	Date	Hours	Please Check All Days Attending	Day	Date	Hours	Please Check All Days Attending
MON	01/04	10:00 – 4:00		MON	01/11	10:00 – 4:00	
TUES	01/05	11:00 – 5:00		TUES	01/12	11:00 – 5:00	
WED	01/07	11:00 – 5:00		WED	01/13	11:00 – 5:00	
THURS	01/08	11:00 – 5:00		THURS	01/14	11:00 – 5:00	
FRI	01/08	11:00 – 5:00		FRI	01/15	11:00 – 5:00	
SAT	01/09	10:00 – 4:00		SAT	01/16	10:00 – 4:00	

Cost: \$100/day Total: \$100 x ___ days = \$_____

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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