



GYROTONIC®

**GYROTONIC®**  
**Level 1 Foundation**  
 May 17-29, 2008  
 Master Trainer: *Nora Heiber*

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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® Pre-training complete \_\_\_/\_\_\_/\_\_\_

**Cost: \$1750                      Deposit: \$500**

**Prerequisite: GYROTONIC® Pre-Training Qualification Agreement**

Day	Date	Hours	Day	Date	Hours
Mon	5/17	10:00am-4:00pm	Mon	5/24	10:00am-4:00pm
Tue	5/18	12:00pm-6:00pm	Tue	5/25	12:00pm-6:00pm
Wed	5/19	12:00pm-6:00pm	Wed	5/26	12:00pm-6:00pm
Thu	5/20	6:00pm-7:00pm	Thu	5/27	6:00pm-7:00pm
Fri	5/21	12:00pm-5:00pm	Fri	5/28	12:00pm-5:00pm
Sat	5/22	11:30am-5:30pm	Sat	5/29	11:30am-5:30pm
Sun	5/23	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: \$ \_\_\_\_\_  
 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
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