



GYROTONIC®

GYROTONIC®

Level 1 Foundation

4 weekends Aug 13-Sept 3, 2010

Master Trainer: *Elizabeth Dawson*

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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 ___/___/___

Cost: \$1750

Deposit: \$500

Prerequisite: GYROTONIC® Pre-Training Qualification Agreement

Dates: August 13, 14, & 15, 20, 21, & 22, 27, 28, & 29, September 3, 4, & 5

Hours: 10- 4 daily

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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