



GYROTONIC®

GYROTONIC®

Hip Opening

May 4, 2010

Master Trainer: *Debra Rose*

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Name: (as you wish it to appear on the certificate)

Street:

Home #:

City, State, Zip:

Cell #:

E-mail:

Work #:

Studio Affiliation:

Street:

City, State, Zip:

Website:

Cost: \$75

Prerequisite: Instructor Approval

Hours: 2:30-4:30

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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