



GYROTONIC®
Level 2 Pulley Tower
 April 20-22, 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: _____

| | |
|-------------------------------|-------------|
| DATES: | |
| GYROTONIC® Certification | ___/___/___ |
| Last GYROTONIC® Level1 Update | ___/___/___ |
| This course taken previously | ___/___/___ |

Cost: \$500 Deposit: \$150

Prerequisite: GYROTONIC® Level 1 Certificate

| Day | Date | Hours |
|-------|------|------------------|
| TUES | 4/20 | 11:00am – 5:00pm |
| WED | 4/21 | 11:00am – 5:00pm |
| THURS | 4/22 | 11:00am – 3:30pm |

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 |
|---------|---------|--------------|--------|--------------|