



**GYROTONIC®**  
**Pre-Trainer Update**  
 January 27 - 29, 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 #:
Certified Pre-Trainers ONLY, please give the name of your Master Trainer:	Referred by:

Studio Affiliation: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_

**DATES:**  
 GYROTONIC® Certification \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last GYROTONIC® Level1 Update \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cost: \$500      Deposit: \$150**

Prerequisite: GYROTONIC® Level 1 Certificate

Day	Date	Hours
WED	01/27	10:30 – 4:30
THURS	01/28	10:30 – 4:30
FRI	01/29	10:30 – 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:

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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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