



GYROKINESIS®
Level 1 Foundation

Oct. 14-18 & 22-25
Master Trainer: *Debra Rose*

| | |
|---|--------------|
| Name: (as you wish it to appear on the certificate) | Home #: |
| Street: | Cell #: |
| City, State, Zip: | Work #: |
| E-mail: | Referred by: |

Where you see clients: _____
 Street: _____
 City, State, Zip: _____
 Website: _____

| |
|--|
| DATES: GYROKINESIS® Pre-training complete ____/____/____ |
|--|

Total Cost: \$1150 Deposit: \$400 Balance: \$750

Prerequisite: GYROKINESIS® Pre-Training Qualification Agreement

Schedule: Daily from 10:30am-5:30pm, Saturdays (16th & 23rd) from 9am-4pm

Days off: 19th, 20th, 21st

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 a payment of: \$ _____
 All deposits are non-refundable and non-transferable.
 Please make checks payable to: San Francisco GYROTONIC®
 Balance due on the first day of the course

Signature: _____ Date: _____