



**GYROKINESIS®**  
**Supervised Apprentice Review**  
*April 22<sup>nd</sup>- 24<sup>th</sup>, 2022*  
Master Trainer: *Debra Rose*

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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:

Where you see clients: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_

<b>DATES:</b>	
GYROKINESIS® Foundation	____/____/____
Master Trainer	_____

**Total Cost: \$600      Deposit: \$200      Balance: \$400**

**Prerequisite: GYROKINESIS® Apprentice Certificate**

**Schedule: Daily from 10:30am-5:30pm**

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 the deposit 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: \_\_\_\_\_

