



**GYROTONIC®**  
**Level 1 Foundation**  
*January 3 - 17, 2022*  
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: \_\_\_\_\_

<b>DATES:</b>  GYROTONIC® Pre-training complete
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**Cost: \$1850      Deposit: \$500      Balance: \$1350**

**Prerequisite: Valid GYROTONIC® Pre-Training Qualification Agreement**

**Schedule:** Daily from 11:00am – 6:00pm, except Saturday the 15<sup>th</sup> from 9am - 4pm

**Days off:** *January 8th and 13<sup>th</sup>*

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®  
 Balance due on the first day of the course

Signature: \_\_\_\_\_ Date: \_\_\_\_\_