



GYROTONIC®
Jumping-Stretching Board
September 23 – October 1, 2021
 Master Trainer: *Debra Rose*

26 7th St., 4th Fl.
 San Francisco, CA 94103
 Tel: 415-863-3719
courses@sfgyrotonic.com
www.sfgyrotonic.com

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: GYROTONIC® Final Cert ___ / ___ / ___ Master Trainer _____
--	---

Total Cost: \$1050 Deposit: \$350 Balance: \$700

Schedule:

Day	Date	Hours	Day	Date	Hours
Th	9/23	10:30am – 5:30pm	Tues	9/28	10:30pm – 5:30pm
Fri	9/24	10:30am – 5:30pm	Th	9/30	10:30pm – 5:30pm
Sat	9/25	9:00am – 4:00pm	Fri	10/1	10:30pm – 5:30pm
Mon	9/27	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: _____