



GYROTONIC® Level 2 Program 2

February 21-24, 2022

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 #:

Where you see clients:

Street:

City, State, Zip:

Website:

DATES:

GYROTONIC® Certification ___/___/___

GYROTONIC® Level 2 Pre-Training ___/___/___

This course taken previously ___/___/___

Total Cost: \$750

Deposit: \$250

Balance: \$500

Prerequisite: GYROTONIC® Level 2, Program 2 Pre-Training Course.

Schedule: February 21st – 24th , Daily from 11am – 6pm

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: _____