



GYROTONER® Program 2
April 4th-8th, 2022
Master Trainer: *Debra Rose*

Name: (as you wish it to appear on the certificate)

Street:	Home #:
City, State, Zip:	Cell #:
E-mail:	Work #:

Studio Affiliation: _____
 Street: _____
 City, State, Zip: _____
 Website: _____

DATES:
GYROTONER® Program 1 Certification ___/___/___
Last GYROTONIC® Level1 Update ___/___/___
This course taken previously ___/___/___

Cost: \$700 Deposit: \$300 Balance: \$400

Prerequisite: GYROTONER® Program 1 Certificate

Schedule: 10am-5pm
Day off: Wednesday, April 6th

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 of the course is due on the first day of the course.

Signature: _____ Date: _____