



**GYROTONER® Program 1**  
March 13<sup>th</sup>-17<sup>th</sup>, 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: \_\_\_\_\_

<b>DATES:</b>	
GYROTONIC® Certification	___/___/___
Last GYROTONIC® Level1 Update	___/___/___
This course taken previously	___/___/___

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

**Prerequisite: GYROTONIC® Level 1 Certificate**

**Schedule: 10am-5pm**  
**Day off: Tuesday, March 15<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 of the course is due on the first day of the course.

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