

REGISTRATION FORM

NAME: _____ **TEL:** _____

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP**
CODE: _____

EMAIL: _____

CC #: _____ **EXP. DATE:** _____

Please clearly mark the specific courses and dates you want to reserve. Make sure you enclose a check or a credit card number for the studio fee to reserve your spot.

GYROTONIC® Teacher Training	Desired Dates	Studio Fee	Course Fee	Total Enclosed
* Pre-Training		\$200	\$850	
* Level 1 Teacher Training		\$350	\$1500	
* 3 Day Apprentice Review		\$150	\$350	
* 6 Day Apprentice Review		\$300	\$700	
* Certified Trainer Update		\$150	\$350	
* Certified Pre-Trainer Update		\$150	\$350	
* Level 2 Pre-Training		\$150	\$350	
*Level 2 Full Course		\$200	\$750	

GYROKINESIS® Teacher Training	Desired Dates	Studio Fee	Course Fee	Total Enclosed
* Pre-Training		\$200	\$550	
* Level 1 Teacher Training		\$250	\$950	
* 3 Day Apprentice Review		\$150	\$350	
* Certified Trainer Update		\$150	\$350	
* Certified Pre-Trainer Update		\$150	\$350	
* Level 2 Beginner		\$200	\$750	
* Level 2 Full Course		\$300	\$950	

Specialized Equipment Training	Desired Dates	Studio Fee	Course Fee	Total Enclosed
* Jumping Stretching Board		\$200	\$850	
* GYROTONER®		\$150	\$550	
* Leg Extension Unit		\$200	\$750	
*Arch Way		\$200	\$850	

I hereby certify that I am aware of and have met (or will meet in the time allowed) all of the pre-requisites of the course for which I am enrolling. I also acknowledge that GYROTONIC® Manhattan has a non-refund policy regarding course deposits/studio fees.

Signed: _____

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