

GYROTONIC® BOULDER

Crossroads Gardens
1800 30th Street—suite 311
Boulder, CO 80301
(303) 444-1228 phone
admin@gyrotonicboulder.com



COURSE REGISTRATION FORM

Course you are registering for _____
Instructor _____
Course dates _____

Name _____
Email address _____
Mailing address _____
Phone _____ Cellphone _____
Emergency contact _____ Relationship _____
Studio affiliation (if applicable) _____

GYROTONIC® or GYROKINESIS® experience:

Any questions or anything else you would like us to know about you:

Payment information

Amount paid _____ Date _____
Check ___ Checks payable to GYROTONIC® BOULDER
Credit Card ___ type _____
Credit card number _____ Expiration date _____
Security code (3-digit code on back of card) _____

- Please pay (non-refundable) deposit, or payment in full, to hold your space in the course. Refer to the website (or current flier) for course cost and deposit amount.
- You will receive a confirmation email or phone call when your registration form is received.
- Balance due for the training due on the first day of the course.