

# GYROTONIC® BOULDER

Crossroads Gardens  
1800 30<sup>th</sup> Street—suite 311  
Boulder, CO 80301  
(303) 444-1228 phone  
[admin@gyrotonicboulder.com](mailto: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.