GYROTONIC® Munich

Giselle Fuchs

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Enrolment Form

Surname:	given Name	e:Date of birth:
Address:		
Phone:	Fax:	e-mail:
I herewith enrol defir	nitely for the GYROKI	NESIS [®] Certified Trainer Update Course
	7 th January 20	011 – 9 th January 2011
I completed my GY	ROKINESIS [®] Certifi	ication on
I am working regular	ly	/week with the GYROTONIC [®] .
Supplementary Pro	visions:	
 Following the The course of the course o	will be held as from a mirnent, an enrolment fee of lay of the course in cash will be accepted only in various of acceptance to the core enrolment inclusive of trancellation on the part of ancellation on the part of after to: s, Stadtsparkasse Muen : 90 – 412 19 10, BLZ : IBAN: DE 34 701 500 0	vacancies may be filled on request. nimum number of 6 participants. f 50.00€ will be due. The remainder of the fee will be due n. writing and inclusive of the enrolment fee. burse will be in writing. The relevant date is the date of the enrolment fee. The participant, the enrolment fee will not be refunded. The organizer, the full enrolment fee will be refunded.
City, Date		Participant's Signature