

# GYROTONIC® SRQ

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## Registration Form

Name of Course: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

Pre-Trainer/Master Trainer: \_\_\_\_\_

Level 1 Certification Update: N/A \_\_\_\_\_ or Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

**Please make all checks for registration fees payable to “Cinde Carroll Fitness” and mail to the studio address listed above.**

I have enclosed my deposit of \_\_\_\_\_ to reserve my place in the above course. I understand that all deposits are non-refundable and non-transferable and that the balance of the course tuition fee is due on the first day of the course. I understand that no video or recording equipment is allowed and that courses may be cancelled due to lack of confirmed participants. I understand that my signature below is required to hold my place in this course.

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

Cancellation of courses is contingent upon confirmation of not less than 4 candidates in which deposits will be refunded.  
Please contact us with any questions.

