



GYROTONIC®

GYROKINESIS® Level 1 Final Certification Course

With Master Trainers appointed by Juliu Horvath
in Los Angeles, CA

WHERE: Goodwin Studios, 2001 S. Barrington Ave Suite #115, Los Angeles CA 90025
(on the corner of Barrington & La Grange, use entrance for The Gardens)

DATE OF FINAL CERT: _____

TIMES: *Day 1:* Registration 9:00 am to 10:00 AM,
Class 10:00 am to 1:00 pm – break - 2:30-5:30 pm.
Day 2: 10am to 1 pm – break - 2:30-5:30 pm.
Day 3: 10:00 am to 1:00 pm – break - 2:00 pm to 4:00 pm. (times may vary)

COST: \$350 U.S. Dollars for the Certification Course, PLUS \$200 for the
Studio and Administrative Costs. TOTAL- \$550

NOTES:

- Please return this form with the Deposit/Studio-Administrative Fee of \$200 dollars to reserve your space.
Make \$200 Deposit Check or money order payable to “Goodwin Studios” or venmo @LisaMarie-Goodwin
- Deposit is due no later than ONE MONTH from the date that you received this form. If it is not received within ONE MONTH, another student will fill your spot, as there is a waiting list.
- Deposit is non-refundable and non transferable.

PLEASE DO NOT SEND THE ENTIRE FEE FOR THE CLASS.

The Balance of \$350 is due on the first day of the class. All payments must be made in cash to the Master Trainer.

Mail \$200 Deposit Check made out to “Goodwin Studios” to:
Goodwin Studios
2001 S. Barrington Ave Suite #115
Los Angeles CA 90025
(310) 235-2100

Email Registration forms to:
info@goodwinstudiosllc.com
www.goodwinstudiosllc.com

You must present the completed Apprentice Log Sheet on the first day of the Class in order to be eligible, keeping in mind that your Supervising Master Trainer must also sign the Log Sheet.

Printed Name (for Certificate) _____

Phone _____

E-mail _____

If you are interested in taking private GYROKINESIS® or GYROTONIC® lessons, please visit our website to view details and call our front desk for more information and to book: www.goodwinstudiosllc.com and (310) 235-2100

COVID-19 Vaccination Record:

Date of Vaccination #1: _____

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GYROTONIC®

Date of Vaccination #2: _____