

Energy Kinetics® Instructor Training

GYROKINESIS®

Name of Participant: _____

Street: _____

State: _____

City: _____

Postcode: _____

email: _____

Telephone: _____

Studio Affiliation: _____

Street: _____

State: _____

City: _____

Postcode: _____

website: _____

Telephone: _____

Please clearly mark the specific course(s) you are registering for:

- GYROKINESIS® Pre-training Course**
- GYROKINESIS® Foundation Training**
Pre-requisite: Completion of the Pre-training and signed confirmation by an authorised Pre-trainer
- GYROKINESIS® Supervised Apprenticeship Hours 3 days**
Pre-requisite: Apprenticeship Certificate and apprentice logsheet
- GYROKINESIS® Certified trainer update 3 days**
Pre-requisite: **GYROKINESIS®** certified trainer
- GYROKINESIS® Beginners Level 2**
Pre-requisite Gyrokinesis Certified Level 1 for a **Minimum** of 4 months

I understand that I alone am responsible for any accidents that occur or injuries that may be sustained in any work I may do as a part of my training at Energy Kinetics® and that neither Energy Kinetics® nor any of its employees will be held liable for any such injuries or accidents. I have read and completely understand this statement and its contents.

All Deposits are non-refundable and non-transferable.

Please send cheques payable to Energy Kinetics® Instructor Training, Studio A 2 Percy Street Prahran, VIC 3181 or wire payment:

ANZ Middle Brighton Branch 54 Church Street Brighton, VIC 3181

Energy Kinetics® Instructor Training

Swift code: ANZBAU3M

BSB: 013355

Acct #: 497427519

I have enclosed my deposit in the amount of \$..... for the above marked courses.

Signature:.....

Date:.....