



# CHOSUN TAEKWONDO COMBAT HAPKIDO SEMINAR WARWICK, NY - MAY 4th, 2019 REGISTRATION FORM



(PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Martial Art: \_\_\_\_\_ Rank: \_\_\_\_\_ Email: \_\_\_\_\_

- |  |            |       |                          |
|--|------------|-------|--------------------------|
| Ladies only "TRU" Seminar - Master Trina Pellegrini  | 8am - 10am | \$35  | <input type="checkbox"/> |
| Combat Hapkido Seminar - Grandmaster John Pellegrini | 11am - 4pm |       |                          |
| Pre-Registration Deadline April 5th                  |            | \$95  | <input type="checkbox"/> |
| After April 5th                                      |            | \$115 | <input type="checkbox"/> |
| <b>SPECIAL OFFER FOR LADIES: Both seminars</b>       |            | \$120 | <input type="checkbox"/> |

**STRICTLY LIMITED TO 80 PARTICIPANTS - REGISTER NOW!**

Amount enclosed: \$ \_\_\_\_\_ Check  MO  Cash

VISA  MASTERCARD

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

V Code \_\_\_\_\_ (Visa, MC, DISC, 3 digit code on back of card)

- **NOTE:** Use separate registration form for each participant.
- Make checks and Money Orders payable to: **CHOSUN TAEKWONDO ACADEMY**
- **MAIL TO:** CHOSUN TAEKWONDO ACADEMY - 60 GALLOWAY ROAD - WARWICK, NY 10990
- **PHONE:** (845) 986-2288 \* **EMAIL:** CHOSUNTKD@YAHOO.COM

I hereby voluntarily submit my application for attendance and participation in said course and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, schools, owners, officers, directors, employees and other participants connected with said course individually or otherwise. I fully understand that in case of injury the only medical treatment provided will be first-aid. I understand that I must strictly obey instructors and observe safety rules. I further agree that any pictures and videotaping taken of me in connection with said course can be used for publication, promotion, articles, shows and advertisements without additional consent and without compensation at this time or any other time. I understand that registration fees are **non-refundable**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, parent or guardian)