

**RBKD SUMMER 2016 KOBUJUTSU SEMINAR
REGISTRATION FORM
August 20th and 21st 2016**

Name: _____ Age: _____ Telephone #: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Dojo: _____ Rank: _____

Style: _____ Instructor: _____

E-Mail: _____

Please Check	Description	Session	Fee	Door Charge
	All	Saturday (Semi-Private)	\$50 / per session	\$15 / per person
	7 to 17 Years	Saturday 12:30-2:00PM /Sai	\$65 / (includes Sai)	\$15 / per person
		Sunday Lunch: Bento Box	\$12.00 / each	Must pre-order
	All	Sunday 9:30AM-3:30PM	\$150 / per person	\$15 / per person

I am enclosing a check in the amount of \$ _____

(PLEASE RESPOND BY FRIDAY, AUGUST 12, 2016)

I, the undersigned, do hereby submit my application for participation in the Ryukyu Bujutsu Kenkyu Doyukai Kobujutsu Seminar and do hereby assume full responsibility for any damages, injuries or losses that I may incur, if any, while participating or attending. I hereby waive all claims against Baxter Karate-Do, Hooperstown, the promoters, the instructors, and sponsors of this seminar, individually or otherwise, for any injuries or losses that I may sustain.

I fully understand that any medical treatment given to me will be of first aid treatment type only. I consent that the sponsors for publicity or promotion can use any pictures or video films taken of me in connection with the RBKD Kobujutsu Seminar, and I waive compensation in regard thereto. I also understand that all fees are nonrefundable.

(Participant or Guardian Signature)

Please make checks payable to: BAXTER KARATE
Mail to: BAXTER KARATE DOJO
156 Mount Vernon Avenue, Suite 205
Mount Vernon, NY 10550