Athens Ohio Ki-Aikido

Special Event Visitor/Participant

Seminar Registration March 8, 9, 10, 2019

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street City State Zip

Telephone – Best Contact Number: Check: Cell Home Work

 Secondary Contact Number: Check: Cell Home Work

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

(Name, Relationship, Best Contact Number)

NOTE: If participant is under 18 years of age, a Custodial Parent or Legal Guardian MUST also sign Release/Waiver at time of seminar.

Parent/Legal Guardian Name (PRINT):

Parent Contact Phone: (If other than above)

Home Dojo: Affiliation:

Rank: Aikido: Ki Development:

Approval of your Head/Chief Instructor:

REGULAR SEMINAR

I will be attending:

 **ALL** SEMINAR CLASSES (Friday March 8; Sat. March 9, AM & PM; Sun. AM March 10)

 **$300** before February 20; **$375** after

**OR $60/per individual class** = TOTAL $ (applicable to no more than 2 classes)

 Friday evening Saturday AM Saturday PM Sunday AM

Payment maybe made in advance or at the door. Early Registration Appreciated

For Preregistration & PayPal payment email: treasurer@athens-ki-aikido.net

Payment to: Athens Ohio Ki-Aikido by cash or check.

Mail to: Athens Ki-Aikido

486 Richland Ave.

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