

Athens Ohio Ki-Aikido

Special Event Visitor/Participant
Seminar Registration April 13, 14, 15, 2018

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 April 13; Sat. April 14, AM & PM; Sun. AM April 15)
\$250 before March 18; **\$300** after

OR \$60/per individual class = TOTAL \$ _____

___ Friday evening ___ Saturday AM ___ Saturday PM ___ Sunday AM

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

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

Mail to: Athens Ki-Aikido

486 Richland Ave.

Athens, OH 45701