

Genbu-Kai Kobudo and Kumite Seminars

Three 2018 Seminars Registration Form

PLEASE READ FORM, PRINT INFO, BRING FORM + FEE TO SANTA ANA DOJO

THESE ARE THREE SEMINARS DESIGNED TO HELP STUDENTS PREPARE TO PARTICIPATE IN TOURNAMENTS WITH CONFIDENCE – ALL AGES AND RANKS

	Seminar 1 <i>Kata</i> Select 2 rank appropriate katas	Seminar 2 <i>Kumite</i> Bring gloves, mouthpiece, cup	Seminar 3 <i>Kobudo</i> Bring 1 long and 1 short weapon
Date:	Saturday, July 7	Sunday, Aug 12	Saturday, Sept 29
Time:	11am to 2pm	12 noon to 3pm	9am to 12 noon

Cost: \$20 for EACH SEMINAR OR \$45 for ALL THREE SEMINARS

FAMILY DISCOUNT if signing up for ALL THREE SEMINARS,
1st family member \$45, 2nd member \$40, additional members only \$35 each person.
Instructors doing both seminars – bring instructor ID for additional discount.

*Check or Money Order payable to JKF or Fumio Demura – NOT Genbu-Kai.
No Refunds. JKF reserves the right to refuse to allow participation.*

Place: Santa Ana Dojo – 848 N Parton, Santa Ana, 92701

Bring: Clean gi, water, and Budo Passport (if you have one)

				<u>Sem 1</u>	<u>Sem 2</u>	<u>Sem 3</u>	
Name _____	Adult/Jr _____	Age _____	Rank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name _____	Adult/Jr _____	Age _____	Rank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name _____	Adult/Jr _____	Age _____	Rank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Name _____	Adult/Jr _____	Age _____	Rank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Additional _____

Address _____

Telephone _____ Cell Phone _____

E-Mail _____

School/Dojo _____

Instructor _____

TOTAL COST = _____ paid on _____ date Date paid _____ cash ☐ check ☐

I, the undersigned do hereby voluntarily submit my application for attendance and participation in the seminar, held by Shito-Ryu Karate-Do Genbu-Kai. I hereby assume full responsibility for any damages, injuries, or loss that I may incur, if any, while participating or attending, and I hereby waive all claims against the promoters or officials or sponsors of this event, individually or otherwise, for any claims or injuries I might sustain. I fully understand that any medical treatment given me will be of a first aid nature only. I also consent that any pictures furnished by me or taken of me in connection with the event may be used for publicity, promoting, or television showing, and I waive compensation in regard thereto.

Signature _____ Date _____

Parent/Guardian (if Participant is under 18) _____

For more information, contact Santa Ana Dojo: 848 N Parton St, Santa Ana, CA 92701
(714) 543-5550 fax (714) 835-5067 e-mail jkfitosu@gmail.com