



9/30/2007

WESTCHESTER SENIOR CITIZEN CENTER
8740 LINCOLN BOULEVARD
(South of Manchester Boulevard)
WESTCHESTER, CALIFORNIA 90045

www.KarateOfLA.com/seminar.html FOR MORE INFORMATION

Make Check/Cashiers Check/Money Order Payable to: USA GOJU RYU SEIWA KAI
Mail this form with your "Check," "Money Order," MC/VISA to: 2202 Pico Blvd., Santa Monica, CA 90405

Name: Address:
City: State: Zip Code:
Dojo Affiliation: Belt Rank:
Day Phone: Evening Phone: Email:
How did you hear about the seminar?

TRAINING FEES

Table with 3 columns: Description, Price, and Payment status. Includes rows for Adults & juniors over 14 years (Under 14 years) and Under 13 years (any ONE day).

SEMINAR SCHEDULE (see packet for more details)

- Friday: November 16, 2007 (6:00p - 9:00p)
Saturday: November 17, 2007 (9:00a - 4:00p) LUNCH BREAK (1 Hr)
Sunday: November 18, 2007 (9:00a - 12:00 Noon)
Sunday: November 18, 2007 (2:00p) JKF Goju-Kai Testing (1st-5th dan)
(testing applications due by October 19, 2007 for approval by JKF Goju-kai)



Lares Restaurant
2909 Pico Blvd.
Santa Monica, CA 90405
(310) 829-4559

Saturday, November 17, 2007 - 7:00p - 9:30p
Pre-paid Reservation Only (RSVP by: November 10, 2007)

(\$35 Per Person - 2 FREE drinks)
No.# Will Attend x \$35.00

SEMINAR GRAND TOTAL ENCLOSED

Table with 2 columns: HOWARD JOHNSON HOTEL INTERNATIONAL (Room Rates, Address, Contact) and GROUP # GOJU RYU KARATE (Only 20 rooms, Deadline for Reservations: October 31, 2007, Business Hours, FREE SHUTTLE TO AND FROM LAX AIRPORT)

FEES PAYABLE TO: USA GOJU RYU SEIWA KAI

Check Money Order is enclosed. Charge my Credit Card: MC Visa
Name as it appears on card: Expiration Date: (month)/yr
Credit Card Number:
Zip Code of Billing Address: Credit Card Signature:

Waiver: Must be signed. In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself, my heirs, executors, assigns, and administrators, waive, release and discharge any and all rights and claims for damages which I may have, or which may hereafter accrues to me against, Goju-Ryu Karate-Do Seiwakai, CA JKF Goju Ryu Association, Westchester Senior Citizen Center, K.I.C.K. (Karate for Inner City Kids), All Japan Karate Federation Goju-Kai, and other sponsors and contributors, the persons, or organizations affiliated with them, their representatives, successors, and assigns for any and all injuries arising from my participation in the USA GOJU RYU SEIWA KAI SEMINAR. I will additionally permit free use of my name and pictures in broadcasts, television and/or all media. I agree to no personal and/or hired videotaping. Still photography is permissible provided that it is not used for commercial purposes. I attest and verify I am physically fit and sufficiently trained for this event. Event is rain or shine. NO REFUNDS

Signature of Participant

Signature of Parent / Guardian

Please Print Name of Participant

Date

SIGN AND RETURN THIS FORM WITH PAYMENT
2202 PICO BOULEVARD, SANTA MONICA, CA 90405 / PHONE-FAX: (310) 399-6955