

REGISTRATION FOR WMKA New York SEMINAR

Saturday July 23, 2011 10 AM to 5 PM (4-5 PM Rank Testing only)

Ripley –Grier Studios 520 8th Avenue 10018 NY, NY Bet 36th &37th Street

Contact: Gerard Cappiello or Max Crevani
631-742-3186 212-595-7511 or 212.875-8826

Dogfist@optonline.net

shorinjibushido@aol.com

Name: _____ Rank: _____

Time in rank: Years _____ Months _____ at current rank . Age _____

Address Line 1 : _____

2: _____

City _____ State/Province _____

Country _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Dojo _____ Sensei _____

Fee: WMKA Members \$100.00 if Paid on or before May 23, 2011

After May 23, 2011 \$150.00 . Non-members with prior approval to attend Registration fee \$150.00. **Time of Seminar is 10am to 5pm** .

Amount Enclosed _____ WMKA Membership#: _____

Make Check Payable to: **Coastal Media.**

Mail to: **Max Crevani**
325 West 87 Street #2B
New York, NY 10024-2654
att: Seminar

WAIVER {Must Be Signed And Mailed With Registration }

By my submission of this application, I agree to waive any and all claims against anyone connected with WMKA New York Seminar, hereafter referred to as "clinic" for injuries that I may sustain in connection with this clinic. Likewise, I assume all responsible for my actions in connection with my travel to and from said clinic, including travel to and from clinic I further release any party connected to WMKA from being responsible for any accident or cancellation with my travel to and from said clinic. I maintain sole Responsibility for any lost, stolen or damaged items which may occur as result of travel or participation in said clinic

X _____ Date _____

Signature required-if under 18 years old By parent or Guardian