

**ALLIED TAEKWON-DO ALLIANCE SEMINAR**

**INSTRUCTOR: SABUMNIM MALEFYT**

**DATE: SATURDAY, JULY 11<sup>TH</sup>, 2009**

**TIME: 1:00 P.M.- 5:00 P.M.**

**LOCATION: 6001 A STREET, PHILADELPHIA, PA 19120**

**(OLNEY RECREATION CENTER)**

**COST: \$20.00**



---

Name: \_\_\_\_\_

School: \_\_\_\_\_

Rank: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

This seminar will focus on several aspects of Taekwon-Do including: Patterns, Self-Defense Techniques, Step-Sparring, and application of techniques. The seminar is open to all ranks and ages. There is **no registration deadline**, registration will be allowed the same day (July 11<sup>th</sup>, 2009).

Make checks payable to: Smith's K.I.L.

Mail applications and checks to: Andrew Smith-  
5749 N. Howard Street, Philadelphia, PA 19120

*I hereby submit my application to the Allied Taekwon-Do Alliance Seminar. I agree to waive all claims against any persons connected with Allied Taekwon-Do Alliance Seminar for injuries sustained and likewise assume full responsibility for my actions in the said seminar. I understand any pictures of me participating in the said seminar may be used for publicity without compensation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian if under 18