



1-DAY ITF INSTRUCTOR SEMINAR

SEPTEMBER 5, 2010

Registration Form

Name: _____ Male/Female _____ DOB: _____

Age: _____ Rank: _____ Nationality: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ E-mail: _____

INO GROUP / GROUP # _____ Status Card #: _____ BB Cert# _____

School: _____ Instructor: _____

EMERGENCY CONTACT _____ PHONE _____

ITF MEMBER YES ___ NO ___ TOTAL AMOUNT ENCLOSED \$ _____

FEE INFORMATION

ITF Members \$125 before Sept 1, 2010

ITF Members \$150 after Sept 1, 2010

Non Members \$150 before Sept 1, 2010

Non Members \$175 after Sept 1, 2010

Open to ALL Ranks

To: Orion's Belt School of Self Defense

1755 Westwood Way, Box 5

Fairbanks, AK 99709

(907) 456-2358

orionsbelt@gci.net

www.itf-orionsbelt.com

Please mail all checks payable to Orion's Belt School of Self Defense. For participation requested, I do hereby, for my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me against members of the seminar committee, United States International Taekwon-Do Federation, International Taekwon-Do Federation, and of their officers, agents, representatives, successors, and or assignees, competitions officials, and participants for any and all damages which may be sustained and suffered by me in connection with, association with, or entry in the seminar, or which may arise out of your traveling to, participate in or returning from said event.

My signature constitutes that I have read and fully understand all rules and regulations pertaining to my request for participation in this event. Should I not abide by these terms, the committee may cancel my right to participate in said events. *NO REFUNDS.*

APPLICANT _____ DATE _____

Parent/Guardian _____ DATE _____