REGISTRATION

To participate, please complete and return the following:

SEMINAR FEES One Day Two Days	ADVANCE \$100 \$125 \$150	<u>AFTER JUNE 1ST</u> \$125		TOTAL
		\$150		
ALL THREE DAYS		\$1	\$175	
HOFBRAUHAUS DINNER we must pay in advance.	Reservations have been mad	le and	Includes	
	your payment to USKK by 6/1	<u>18/25</u> \$4	tax and tip.	
Participant Name:		Phone:		
Address:				
City:		State:	Zip:	
Email:				
Dojo:	Teac	cher:		
29, 2025 to be held at the Mt. We responsibility for any and all dam or participating in said seminar(s). United States Karate-Do Kai, and promoters, operators, or directors.	luntarily submit my application for a shington Rec. Center, 1715 Bear mages, losses, injuries, illness or of s). I do hereby further agree to ind d all officers, shareholders, agents s of said seminar(s) individually on the said seminar of that I am in good physical	eath that I may su emnify and hold s, employees and or otherwise for an	i, OH 45230. I do ho ustain or incur, if an harmless Mt. Washi representatives of sa ny claims or injuries	ereby assume full by, while attending ington Rec. Center, aid organizations, s that I may sustain.
	Il medical aid or treatment admini	stered to me as a	result of any injury	will be of a first aid
I have read and fully understan	d all the terms and conditions. I	voluntarily agree	to the entire liabili	ty waiver.
Signature:			Date:	
Par	ent or Guardian if under 18			

Make checks payable to United States Karate-Do Kai.

Please mail payments and registrations form to:

USKK P.O. Box 9188

P.O. Box 9188 Springfield, IL 62791

For more information contact the USKK at contactuskkorg@gmail.com