

# 2008 SEATTLE CAMP REGISTRATION APPLICATION

## APPLICANT INFORMATION

Name:		AKTS #:	E-Mail:
Date of birth:	Phone:	Cell Pone:	
Current address:		City:	State: Zip:

## MARTIAL ARTS SCHOOL INFORMATION

Current Instructor:			
Martial Arts School address:		City:	State: Zip:
Current Rank:	School Telephone:		

## EMERGENCY CONTACT

Name of a relative:		Relationship:
Address:		Phone:
City:	State:	ZIP:

## SEMINAR- SATURDAY, APRIL 5<sup>TH</sup>, 2008

### Investment (This dose not include Hotel Room Fee's)

\_\_\_\_\_ \$175 (Non-AKTS) Per Person  
\_\_\_\_\_ \$165 AKTS per  
\_\_\_\_\_ \$10 Camp Poster – 13x19 High Gloss Poster for Autographs  
\_\_\_\_\_ \$55 If you are Bringing someone to the Banquet who is not attending the seminar  
  
\_\_\_\_\_ **Total Amount**

If your paying by Check, make the check payable to: **PORT ORCHARD KENPO KARATE**

Mail To: **1265 Sherman Ave, Port Orchard WA 98366**

If you prefer to pay by Credit Card (**Visa, Mastercard only**) via mail please provide the following information:

Type of Card: \_\_\_\_\_

Name as it is written on the card: \_\_\_\_\_ (Please Print)

Number of Credit Card: \_\_\_\_\_

X: \_\_\_\_\_

I hereby give permission to Port Orchard Kenpo Karate Inc., to charge my credit card for the agreed camp Fee's.  
My signature verifies that I fully understand this agreement.

## DINNER BANQUET SATURDAY APRIL 5<sup>TH</sup> 2008 – 6:00PM TO 10:00PM

### LOCATION – HOTEL RESERVATIONS

DoubleTree Hotel Seattle Airport  
18740 Pacific Highway South  
Seattle Wa 98188

#### Reservations:

1-800-222-TREE or go to [www.pokk.org](http://www.pokk.org)

\*\*\*Mention the reference group code: **POK** for discount hotel prices\*\*\*

## SIGNATURES

Participants Agree that they are physically fit to undertake the prescribed course of Instruction (All Seminar Sessions) has observed and participated in demonstrations in the art of Karate prior to the execution of this agreement, and they assume the risk freely and voluntarily and without liability to PORT ORCHARD KENPO KARATE, its owners, agents, employees, other participants, and hereby release all of the foregoing parties from all liability arising out of injuries to participants incurred pursuant to said instruction.

Signature of applicant: \_\_\_\_\_

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

## PARTICIPANTS BETWEEN THE AGES 13-17

\*\*\*Participant must be 13 years and older. If under the age of 18 participants must be with an adult who is the legal guardian, Parent, or instructor. The legal guardian or Parent must also sign this document in agreement of the above statement concerning the participant who is under the age of 18.

Signature of Legal Guardian or Parent x \_\_\_\_\_