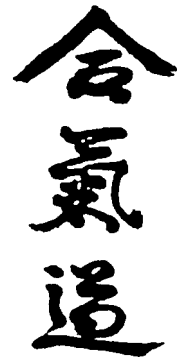




Michael Moreno, Sensei
SEMINAR



Please complete this registration form and send it with a check made payable to
"AIKIDO CENTER OF MIAMI" 7830 N.W. 178 Street, Miami, FL 33015

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL: _____

DOJO: _____ AFFILIATION: _____

Seminar Fee: \$35.00 (pre-registration) \$45.00 at the door

Date: November 18th, 2006

Time: 10:00 am - 12:00 pm and 1:30 pm - 4:00 pm

Waiver of Liability:

AIKIDO CENTER OF MIAMI, their agents, servants or employees shall not be responsible or in any way liable to the student, his or her parents, guardians, heirs, executors ect for any damages for injuries sustained by the student because of any accident of any kind.

Signature: _____ Date: _____

Make all checks payable to: AIKIDO CENTER OF MIAMI

Mail to: 7830 N.W. 178th, Street, Miami, FL 33015

www.AikidoCenterofMiami.com