



Third Annual Friendship SEMINAR

合
氣
道

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

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOJO: _____ AFFILIATION: _____

E-MAIL: _____

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

Date: February 6th, 2005

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

Location: At the dojo 7830 NW 178 St, Miami, FL 33015

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 etc 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

Phone: 305-556-7776

www.aikidocenterofmiami.com