

Registration form for 2009 FMA Gathering

NAME: _____

PHONE: _____

EMAIL: _____

INDIVIDUAL _____ # IN GROUP _____

MARTIAL ARTS SCHOOL
EXPERIENCE/STYLES _____

Release of liability: I the participant acknowledge that this is a martial arts events and are aware of the risks involved and agree that in the event of an accident or injury I will not hold any Instructors or participants liable, including the establishment where the event will be held.

SIGNATURE _____

DONATION PAYMENT OPTIONs

affiliates/group \$35 _____ non affiliates/individuals \$55 _____

AT THE DOOR _____

CALL OR EMAIL TO FOR OTHER OPTIONS _____

LIMITED SPACE FOR THIS EVENT, REGISTER ASAP!!!

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