**Please Print Clearly**

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| **SEMINAR FEES:**  Make checks payable to: US Central Taekwondo Association  $85 for 1 day (Fridays included)  $145 for 2 days (Fridays included)  $185 for all seminars | | **SEND REGISTRATION & FEE TO:**  US Central Taekwondo Association  10801 S. Sunnylane Road  Oklahoma City, OK 73160  Tel: 405-793-0752 • Fax: 405-794-0768  Email: gmwons@gmail.com |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ DOB (m/d/y) \_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_  Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Club: Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Taekwondo Rank: | Gumdo Rank: | | |
| Do you plan on taking the promotion rank test? □ Yes □No | | | |

I, the undersigned, hereby waive all claims against all persons connected with this seminar, the U.S. Central Taekwondo Association, U.S. Central Gumdo Association, and/or Grand Master Won’s Taekwondo for any injuries that I may sustain during my participation in the seminar, I also assume full responsibility for all of my actions during and in connection with said seminar.

I further agree that any pictures taken of me or by me in connection with said seminar can be used by the seminar director or his employees for publicity or promotion without compensation at this or at any other time.

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Participant is under 18 years of age, Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle or Check the Participating Times (reminder Fridays are included):**

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| |  |  |  |  | | --- | --- | --- | --- | | **Friday Oct. 27**  5 – 7 pm | **Saturday Oct. 28**  10 am – 5 pm\* | **Sunday Oct. 29**  10 am – 5 pm\* | \* Lunch break 1-2 pm | | **Friday Nov. 3**  5 – 7 pm | **Saturday Nov. 4** 10 am – 5 pm\* | **Sunday Nov. 5**  10 am – 5 pm\* |  | | | |
| Credit Card #: | Exp Date: | CVV: | |
| Cardholder’s Name: | Card Type: | Total Pmt: | |
| Authorization Signature: | | Date: | |