

Attached Payment Check Here

WEST AMERICA TAE KWON DO SELF DEFENSE SEMINAR REGISTRATION FORM

APRIL 2, 2017, 10 AM TO 12 NOON

Participant(s) Information

(If register as a couple, please fill out both)

Participant 1

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Participant 2

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact

Name _____

Relationship to participant(s) _____

Phone _____

Doctor _____

Phone _____

Dentist _____

Phone _____

Payment Information

Single Participant \$75

Couple Participants \$100

☐ By Check (Make Check Payable to **West America Tae Kwon Do**)

☐ Credit Card

☐ VISA

☐ MasterCard

Name on Card _____

Card Number _____ - _____ - _____ - _____

Exp Date _____ / _____ CVS _____



Return this form with check to:

West America Tae Kwon Do, 70 Lomita Drive, Mill Valley, CA 94941

**For more information, visit www.westamericatkd.com
OR call (415) 383-4755**