



George Ledyard, Sensei
S E M I N A R



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

DOJO: _____ AFFILIATION: _____

Seminar Fee: \$110.00 (for all 3 days) \$90.00 for 1 day
Date: April 5th – 7th, 2013
Friday: 7:00pm to 9:00pm
Saturday: 10:00am to 12:30pm, Break, 2:30pm – 5:00pm
Sunday: 10:00am – 1:00pm

Waiver of Liability:

AIKIDO CENTER OF MIAMI, Shula's Athletic Club 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: _____

AIKIDO CENTER OF MIAMI @SHULA'S ATHLETIC CLUB
15150 BULL RUN ROAD, MIAMI LAKES, FL 33014

Contact: Juan Alberto 305.606.2265