

**AMERICAN KANG DUK WON KARATE
WEAPON SEMINAR REGISTRATION**

NAME OF SEMINAR: _____ DATE OF SEMINAR: _____
STUDENT'S NAME: _____ AGE: _____ BELT RANK:
_____ DOJANG: _____ INSTRUCTOR:

FORM MUST BE SUBMITTED 1 WEEK IN ADVANCE

SIGNATURE _____

Your instructor should be kept informed of all weapon seminars you attend.

Occasionally a seminar has to be canceled. Please complete the following information so you can be notified in case a seminar is canceled.

Email _____

Phone _____

Cell phone _____