



## **Yom Chi Taekwon-Do Federation Work-out hosted by Master Dan Greak, VII Dan**

Master Dan Greak, VII Dan, would like to invite you to a "**Yom Chi Taekwon-Do Federation Work-out**" on Sunday December 2nd.



Seminar hosted by Mike Louie's Taekwon-Do Schools at East Petersburg Area Civic Center – East Petersburg, PA from 12:00-2:00pm.

### **PRE-REGISTRATION:**

- Master Greak work-out - \$30
- Form and money due by 12/01/18

**When:** Sunday, December 2<sup>nd</sup>

**Time:** 12:00-2:00pm (seminar)

**Where:** East Petersburg Area Civic Center (Real Life Church of God – Studio A) – 6020 Lemon Street, East Petersburg, PA

Checks made payable to **Mike Louie TKD**.

c/o Yom Chi Taekwon-Do Federation Work-out

948 Cleek Ave.

Landisville, PA 17538

Please contact me anytime if you have any questions or concerns.

Sincerely,

Mike Louie, V Dan

Yom Chi Taekwon-Do Federation

United States International Taekwon-Do Federation

Cell: 717-490-0156

Email: mikelouie@comcast.net

Facebook: Mike Louie's  
Taekwon-Do Schools



# Yom Chi Taekwon-Do Federation Work-out hosted by Master Dan Greak, VII Dan

## REGISTRATION FORM

held at East Petersburg Area Civic Center (Real Life Church of God) –  
6020 Lemon Street, East Petersburg, PA 17520

- Yom Chi TKD work-out - \$30
- Form and money due by 12/01

Checks made payable to **Mike Louie TKD**.  
c/o “Yom Chi Taekwon-Do Federation Work-out” seminar  
948 Cleek Ave.  
Landisville, PA 17538

I also take cash or major credit cards in person.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Belt level: \_\_\_\_\_ Emergency phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

Affiliated School: \_\_\_\_\_

Instructor: \_\_\_\_\_

*I, (the person listed above) hereby submit my application for registration in the Seminar and/or Work-Out. I agree to waive all claims against any person(s) connected with the seminar, for any injury that I may sustain during the seminar. I hold myself responsible for my own actions and I promise to conduct myself within the guidelines of the hosting dojang. I know that accidents and injuries can occur during these events. Guests are only to be using Studio A or the bathrooms.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/guardian signature for participants under 18 years of age)*