

REGISTRATION FORM

Mike Louie's Taekwon-Do School presents:

PARENTS NIGHT OUT / Lightsaber Training

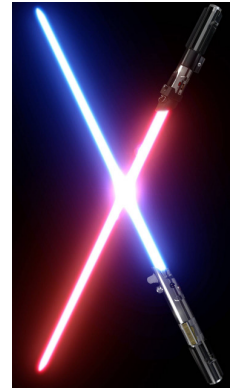
Friday, February 15th

Drop off 5:45pm / Lightsaber Training 6:00-6:45pm

Dinner 6:45-7:00pm / Movie 7:00-9:10pm / Pick-up at 9:15pm.

held at East Petersburg Area Civic Center, 6020 Lemon Street, East Petersburg, PA. Questions? 717-490-0156 - Mike Louie.

- **THIS IS AN PUBLIC EVENT - not just students of Mike Louie's Taekwon-Do**
- Cost \$30 per person. Students can bring up to 5 well-behaved friends. Each additional family or friend is \$25.
- Costs includes: 45 minute Lightsaber class (we will review the 1st four lightsaber forms, then dinner (pizza, juice box/water), dessert and snacks (popcorn, chips) and movie.
 - YOU MUST SUPPLY YOUR OWN LIGHTSABER! Attendees may wear Star Wars costumes!
- Ages kindergarten and older. Cash or credit cards in person.
- Checks payable to Mike Louie TKD. Mail to: 948 Cleek Ave., Landisville, PA 17538.
- Monies are non-refundable.
- Please wear comfortable clothes, bring sleeping bag or foam pad to lay on.
- **RSVP by Wednesday February 13th please by 8pm.**



**Please vote for your favorite Star Wars movie. Most Star War movies are PG-13.
Filling out and signing this form states the parents confirm their child(ren) and friends are
ok to watch Star Wars movies**

Name: _____ Age: _____

Address: _____

Town: _____ State: _____ ZIP: _____

CHOOSE YOUR FAVORITE STAR WARS MOVIE: _____

Email: _____ Emergency phone #: _____

I, (the person listed above and parent and/or guardian) hereby submit my preregistration form for Parent Survival Night & Lightsaber Training that is hosted by Mike Louie's Taekwon-Do Schools. I agree to waive all claims against any person(s) connected with the Parent Survival Night (Mike Louie's Taekwon-Do Schools, East Petersburg Area Civic Center, employees or partners), for any injury that I may sustain during the gathering. I hold myself responsible for my own actions and I promise to conduct myself within the guidelines of the hosting school. Please remind your child(ren) that they are responsible for their manners and actions. Any problems that arise your child(ren) may be asked to leave without a refund.

Applicant's signature: _____ Date: _____
(parent/guardian signature for participants under 18 years of age)

Please list any allergies:

Please list any special medications:

Any other miscellaneous:
