

Seminar Registration Form

Participant Name:					
Parent / Guardian Name:					
Telephone Number:					
Instructor's Name:					
Participant's Curre	ent Rank:				
Seminar Fees					
C	Colored Belts \$45		Black Belts \$50		
Credit Card & Checks accepted. Checks should be made out to Central Karate.					
Card type:	VISA	Mastercard	AMEX	Discover	
Card #:	Card #:		Exp Date:		
Name on card:			CCV:		
Send registration forr Central Karate 8849 Sullivan Road Baton Rouge, LA 708		to:			