

# RALPH CASTRO'S

# SHAOLIN KENPO

Proudly presents

## SHAOLIN KENPO STAFF SEMINAR

**WITH GREAT GRANDMASTER RALPH CASTRO**

**Saturday, October 25, 2008**

69 Washington Street  
Daly City, CA  
(650) 755-8996

10:00 a.m. – 11:30 a.m.	1st Session	<b>THE BASICS</b>
11:30 a.m. – 12:30 p.m.	Lunch Break	
12:30 p.m. – 2:00 p.m.	2nd Session	<b>FIGHTING FORMS</b>

**\$70.00** FOR BOTH SESSIONS – STAFF INCLUDED

Please note there are no cameras or video cameras allowed

**To reserve your place, complete the registration form and send payment to Ralph Castro's Shaolin Kenpo.**

Name (print legibly) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Martial Arts School \_\_\_\_\_ Instructor \_\_\_\_\_

I, the undersigned do hereby assume all risks or personal injury, while attending, traveling to and/or from, participation in said seminar, and acting for myself, my heirs, personal representatives and assigns, do hereby release the property owner, manager, landlord, hosts, sponsors, seminar officials, and the officers, agents, and representatives of said organization taking part, individually and collectively, from all liabilities, including claims and suits at law or in equity for and injury, fatal, or otherwise, which may result directly or otherwise from my traveling to, participating in, or returning from said seminar. I further understand that if I am under 18 years of age, my parent or guardian must sign this application.

Participant's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office use only.

Amount paid \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_