(Please make copies as needed)

SEMINAR REGISTRATION FORM

April 26, 2008

(PLEASE PRINT)

NAME:_____PHONE:_____

ADDRESS:_____CITY:_____

STATE:_____ZIP:_____DATE OF BIRTH:_____

DO YOU HAVE PREVIOUS MARTIAL ARTS EXPERIENCE? YES NO

IF YES WHAT RANK AND STYLE?_____

INSTRUCTORS NAME:_____

RELEASE FORM

I, the undersigned, agree and understand that the seminar for which I am registering involves inherent risk of accidental physical harm or injury. I understand that the risk may arise from, but not limited to: the instruction, explanation, practice and training in the subject matter of this seminar. I therefore agree that the risk of any such injury is assumed by me, and I hereby relieve and agree to waive, release and hold harmless on account of any injury sustained by me, TAIKA SEIYU OYATA, MICHAEL A. CLINE, THE OYATA SHIN SHU HO ASSOCIATION, it's owners, official instructors, other participants and or any other agent or employee.
I have medical insurance which covers my participation in this seminar.

SIGNATURE_____

(Parents signature if under 18 years of age)

The cost of the seminar:

PREPAID BY 04/16/08:

ASSOCIATION MEMBERS:	**$60.00**
NON-ASSOCIATION MEMBERS:	**$70.00**

PAID AT THE DOOR:

ASSOCIATION MEMBERS:	**$70.00**
NON-ASSOCIATION MEMBERS:	**$80.00**

NO VIDEO CAMERAS ALLOWED!

NO PARTICIPANTS UNDER AGE 12!

THE SEMINAR WILL BE HELD AT:
Hidden Teachings Dojo
121 6th Avenue South
Moorhead, MN 56560

Registration: 9:00 am to 10:00 am
Seminar: 10:00 am - 4:00 pm

At the door registration will be held one hour prior to the seminar or to pre-register send a copy of this form and the appropriate fee to:

Michael A. Cline
5605 N. 17th Street
Moorhead, MN 56560
(701)-866-5584

Make checks payable to Michael Cline