

“TAKE CONTROL” Women’s Self Defense
Friday, May 30, 2008 – 6:00 pm to 8:00 pm

| | | |
|----------------|------------|--------------|
| Name | | Phone |
| Address | | |
| City | Zip | |
| Email | | |

I understand that my participation in this Self Defense Class can be physically strenuous and I assume any risk created by my participation in this seminar. I agree not to hold liable, Karate International, Kathy Olevsky, or anyone acting in their direction.

Signature

Date

I have some medical limitations (please describe) _____

I am most concerned about my safety in work related situations.

I travel as part of my job.

I work nights as part of my job.

My car is my second home, since I am in it so much.

I am concerned about my safety in my personal enjoyment time or home life.

I am concerned about my safety in my own home, when no one else is home.

I own a gun.

I own mace, pepper spray, or tear gas.

I have other concerns:

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| Registration Deadline May 21, 2008 |
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Please fill out this registration form and mail it with your VIP pass or \$25.00 fee to:
Karate International • 4720 Hargrove Road, Suite 140 • Raleigh, NC 27616 • 919-876-8898
Credit Cards can be used by faxing in your form to 919-872-1030.

Credit Card Number and Expiration Date