

Please PRINT and MAIL IN this form, there is no online registration

**2008 Sei Do Kai
May 16-19**

SPRING JODO/IAIDO SEMINAR REGISTRATION FORM

NAME: _____
ADDRESS: _____
POST/ZIP CODE: _____
PHONE: _____

DAILY RATE ___ DAYS (2 sessions) X \$130 = \$ _____ (\$160 "at the door") Student ___ DAYS (2 sessions) X \$105 = \$ _____ (\$130 "at the door")	Non-refundable pre-registration deposit \$50.00 _____ (Please indicate which of the plans you are registering for with a check mark there too)
2 or 3 Days (all sessions, iaido OR jodo) \$220.00 CDN\$ _____ (\$270.00 "at the door") Student: \$170.00 CDN\$ _____ (\$220.00 "at the door")	2 or 3 Days (all sessions iaido AND jodo) \$270.00 CDN\$ _____ (\$320.00 "at the door") Student: \$220.00 CDN\$ _____ (\$260.00 "at the door")
4 Days (Fri-Mon all sessions iaido OR jodo) \$270.00 CDN\$ _____ (\$320.00 "at the door") Student: \$220.00 CDN\$ _____ (\$260.00 "at the door")	4 Days (Fri-Mon all sessions, iaido AND jodo) \$320.00 CDN\$ _____ (\$370.00 "at the door") Student: \$270.00 CDN\$ _____ (\$320.00 "at the door")

FEES SENT WITH FORM CDN\$ _____

Fees do not include travel/room/food. Note, you must call or email the hostel and make your own arrangements, we don't have the manpower to do the bookings any more.

ACCOMMODATION: is available through the University of Guelph and is about \$38 cdn per day for a single residence room. The official contact is the Lampton Hall desk at 519-824-4120 ext 58121 or email hostel@uoguelph.ca. (Please note that arrangements and payment are made directly to the hostel, not through Sei Do Kai.)

PLEASE READ THE FOLLOWING CAREFULLY

I, the undersigned applicant to the Sei Do Kai seminar understand that I am applying for instruction in Iaido and/or Jodo, activities that involve physical activity. I further understand that the Sei Do Kai carries no insurance against injury to any of the participants in the seminar.

I hereby acknowledge that I am assuming the risk and responsibility for any and all injuries that I may suffer due to injury, suffered by me, or caused by third parties to me arising out of the practice of Iaido or Jodo, or during the use of any of the facilities available. I further acknowledge that I am responsible for providing my own personal health, medical, dental and accident insurance coverage. I hereby release the Sei Do Kai, the University of Guelph, and all of its associated persons from liability for any injury or loss suffered by myself.

DATE _____ SIGNATURE _____

PARENT/GUARDIAN (under 18) _____

Please mail this form with payment to:

Kim Taylor, 44 Inkerman St. Guelph Ontario, Canada, N1H 3C5