

**May 19-22, 2006 Sei Do Kai
Spring Jodo/Iaido Seminar Registration Form**

Name: _____

Address: _____

Postal/Zip Code: _____

Phone: _____

Daily Rate __DAYS (2 sessions) X \$115 = \$_____

Student Rate __DAYS (2 sessions) X \$95 = \$_____

3 Days (all sessions iaido **or** jodo) \$200.00 CDN \$_____ (\$250 at the door)

Student Rate \$150.00 CDN \$_____ (\$200 at the door)

5 Days (all sessions iaido **or** jodo) \$250.00 CDN \$_____ (\$300 at the door)

Student Rate \$200.00 CDN \$_____ (\$240 at the door)

3 Days (all sessions iaido **and** jodo) \$250.00 CDN \$_____ (\$300 at the door)

Student Rate \$200.00 CDN \$_____ (\$240 at the door)

5 Days (all sessions iaido **and** jodo) \$300.00 CDN \$_____ (\$350 at the door)

Student Rate \$250.00 CDN \$_____ (\$300 at the door)

Non-refundable pre-registration deposit \$50.00 _____

FEES SENT WITH FORM CND\$ _____

You can pay by credit card through PayPal (www.paypal.com) but you **MUST** print and mail the registration form and email to tell us you've just paid for it.

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

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 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 and payment to:

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