

IFOJJ's Martial Arts University July 27th July 28th 2013 Weekend Of Warriors Lineage Image Presentation Application

All participants and dinner attendees must complete this application form and sign the waiver

Training only: (select only one) Saturday Training 8:00am-5:00pm, Sunday Training 8:00am-12:00pm
Intermission 12:00pm –1:00pm Black Belt Test 1:00pm

- Training and Dinner (Saturday) \$150.00
- Training & Sat Dinner (Saturday – Sunday) \$190.00
- Training (Saturday only) \$ 95.00
- Vender Booth all weekend \$ 75.00

Dinner will be served 7:00pm Presentations and Evening Activates ongoing throughout the Evening

- Dinner Ceremony (not attending the weekend camp)- \$75.00

****Please note all attendees that train will be receiving the Grand Master lineage image presentation to show your true Lineage

Camping is available on the premises 120 Western Hwy, Tappan NY. RVs are welcome
Call office for more info 201-666-7100
Host Hotel - Holiday Inn Orangeburg-Rockland/Bergen County 1 mile from event.329 New York 303
Orangeburg, NY Call (845) 359-7000 for reservations **Group Rate Code: AF3**

Total Enclosed: Training \$ _____ + Dinner \$ _____ = \$ _____

- Check Money Order Credit Card (fill in below)
- Visa MasterCard Amex Discover Pay Pal Available on site

www.mdpmdu.com

CC#: _____ Verification # _____ Exp: Date: _____

Cardholder Name: _____ Amount: _____

Signature: _____ Date: _____

Note: Make all checks and money orders payable to: MDP Enterprises

Mail to: 187 River Vale Road, River Vale, NJ 07675

Participation Waiver

I understand that participation in the IFOJJ's 2013 Martial Arts University, July 27th-July 28th that physical injury is possible by participating in this program. I freely waive all right to Michael DePasquale, Jr., MDP Enterprises, IFOJJ, the instructors and staff of the IFOJJ 2013 Martial Arts University, and to the German Masonic Park. in return for admission to the weekend, I give up any rights against Michael DePasquale, Jr., MDP Enterprises, The German Masonic Park, and the 2013 Martial Arts University promoters, instructors and staff. My signature is proof of my intention and understanding of this policy.

Participant Name: _____ Age: _____ Rank: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Email address: _____

Dojo Name: _____ Instructor's Name: _____

Signature of Participant: _____ Date: _____

Signature Parent or Legal Guardian if Participant is 18 years **Printed Name** of Parent/Guardian _____