

Women-Safe Self Defense Workshop

My registration fee is enclosed. Please confirm my attendance for the upcoming "Women-Safe Self Defense" Training Workshop to be held for 12 consecutive Monday nights, 8:00pm to 9:00pm, starting on September 13, 2010:

Name	Age	Gender	
Street or PO Box	City	State	Zip
Phone	E-Mail		

Please add me to your email list: [] Yes [] No

Referred by:

I hereby release the Fighting Back Institute, John Terry, River Valley Martial Arts, and its instructors, officers, directors, employees, representatives, members and participants from all rights and claims for any damages suffered by me while participating, and traveling to and from this event, including the use of authorized equipment or facility while training.

Parent (If Participant is Under Age 18)

Participant

Return Completed Form To: Women-Safe Communities, PO Box 640, Russellville AR 72811 (Make checks payable to "Women-Safe")

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