



**Bring this form to
celebrate my birthday with me!**

My party will be at

_____ o'clock,

on _____

*Have Fun,
Build Confidence,
Self Discipline
and Focus*



**Special Offer
at My Party Only !
3 Classes + Uniform
only \$19⁹⁵**

866-318-3307

maconsmartialarts.com



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Date _____ Sponsor's Name _____

Guest's Name _____ Age _____ Birth Date _____

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Contact Person _____ Phone _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

Home Phone _____ Office/Cell _____

In consideration for my attendance and participation in the martial arts training offered by this AFKA Certified School, I, the student/parent, acknowledge the existence of certain inherent risk in this type of training and hereby agree to assume all risk. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state, that myself or my child is physically fit take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there is a no refund policy on any monies I will pay this martial arts school.

Signature _____ Date _____

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Signature _____ Date _____