



**SELF DEFENSE • FITNESS • FIGHTING
TACTICAL TRAINING CENTER**

SEMINAR REGISTRATION FORM

SEMINAR _____

SEMINAR DATE _____

NAME _____

ADDRESS _____

EMAIL _____

TELEPHONE _____

PAYMENT INFORMATION

VISA MASTERCARD AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

AMOUNT TO BE CHARGED \$ _____

NAME ON THE CARD _____

SIGNATURE _____

RENTAL GUN NEEDED

YES NO

Please email the completed form to Trish at trish@simivalleykravmaga.com or fax to (805) 306-0525. You will receive confirmation of your registration by email within 2 business days of submitting your form. If you have any questions regarding this form or the seminar you wish to register for, please contact Trish McCready.