

dublin iaikai

Second National Iaido Seminar 2004

Registration Form

Name: _____

Address: _____

Phone: _____ email: _____

Club / Dojo Name: _____

Type of Martial Art(s) practiced: _____

Grade(s) held: _____

Have you done Iaido before? Yes / No Grade: _____

Do you have an Iaito? Yes / No or a bokken? Yes / No

Do you have any medical condition or special requirements that may affect your ability to train? Yes / No

If "yes" please give details: _____

I wish to register for a place on the Iaido Seminar 2004

☐ for one day (Saturday only) €45.00

☐ for both days €70.00

I enclose cheque/PO for €_____

Please return completed forms and payment to:

John Gibney
1 Stoneylea
Vevay Road
Bray
Co. Wicklow

Please note: Each registrant must complete a separate form.