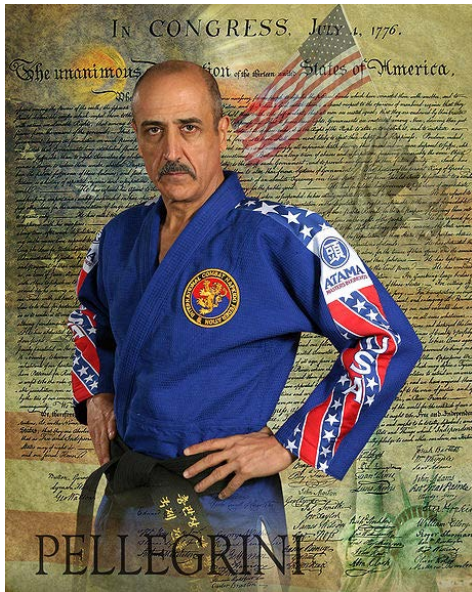




# Palm Beach Combat Hapkido Saturday, February 2nd



Palm Beach Combat Hapkido Proudly Welcomes  
Legendary Grandmaster John Pellegrini



## Protect and Defend It Starts With You!

Time: 10am to 4pm  
Cost: Register before Jan 12th: \$95  
Register after Jan 12th: \$115

\*Positively no spectators  
\*Dress Code - no shorts, tank tops or  
loud colored T shirts

### Fee

*(Make checks payable to Gil Levin)*  
Gil Levin, 1215 Clydesdale Drive  
Loxahatchee, FL 33470  
561.818.5537 | Gilevin@aol.com

Light Snacks and Drinks Provided

### Location

Palm Beach Combat Hapkido  
Wellington Recreation Center  
Village Park, 11700 Pierson Road  
Wellington, Florida 33414

If you missed the 25th anniversary then don't miss the Seminar!



For more information about the seminar please visit [palmbeachcombathapkido.com/seminar](http://palmbeachcombathapkido.com/seminar)  
or call Master Gil Levin at 561.818.5537

# Palm Beach Combat Hapkido

Village Park, 11700 Pierson Road • Wellington, Florida 33414  
info@PalmBeachCombatHapkido.com - (561) 818-5537

## Grandmaster John Pellegrini Seminar

Wellington, Florida • Saturday February 2, 2019 • 10:00 a.m. to 4:00 p.m.

### Registration Form

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Please use a **separate** registration form for **each** participant.

#### Non-Refundable Registration Fees

\$95 if paid by check before January 12, 2019. | \$115 if paid by check after January 12, 2019.

Make checks and Money Orders payable to: Gil Levin  
Mail to: Instructor Gil Levin • 1215 Clydesdale Drive • Loxahatchee, Florida 33470

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current School or Affiliation: \_\_\_\_\_

Martial Art Experience: \_\_\_\_\_ Rank & Title: \_\_\_\_\_

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I hereby voluntarily submit my application for attendance and participation in said course and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, schools, owners, officers, directors, employees and other participants connected with said course individually or otherwise including the Village of Wellington and its officers and employees. I fully understand that in case of injury the only medical treatment provided will be first-aid. I understand that I must strictly obey instructors and observe safety rules. I further agree that any pictures and videotaping taken of me in connection with said course can be used for publication, promotion, articles, shows and advertisements without additional consent and without compensation at this time or any other time. I understand that registration fees are non-refundable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(If under 18, parent or guardian)*