

## **REGISTRATION INFORMATION**

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**You may pay by Check, PayPal, or using online using PNC Bank invoicing. Please contact the Conference Director to request alternative billing options.**

- **Early Registration Fees (Registering prior to April 15th, 2020)**
- **Late Registration (+\$20 for registrations post marked after April 15th, 2020)**

### **Registration Instructions & Notes:**

- 1. The prices listed below also include the cost of attending all seminars during the weekend as well as 5 meals.**
- 2. \*Only a \$50 deposit is required for registration. Housing is reserved on a first-come- first-serve basis.**
- 3. \*There is a \$10 fee for all returned checks.**
- 4. Please return this page along with the following two pages including the Release form.**
- 5. Please make all checks payable to:  
Christian Black Belt Association Ministries, Inc.**

**\*\*\* All registrations require a signed copy of the conference release form (included below).\*\*\***

<b>Housing Options:</b>	<b>Participant:</b>	<b>Non-Participant:</b>
Lodge Hotel Rooms Double Occupancy	<input type="checkbox"/> \$210	<input type="checkbox"/> \$170
Lodge Hotel Rooms Quad Occupancy	<input type="checkbox"/> \$185	<input type="checkbox"/> \$145
Off-Grounds (Friday-Sunday)	<input type="checkbox"/> \$130	<input type="checkbox"/> \$90
Off-Grounds (Saturday only)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$50

<b>Late Registration Fee (mailed after April 1, 2020)</b>	<input type="checkbox"/> + \$20
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<b>Total from above (A + B):</b> A. Housing + B. Late Registration Fee	<input type="text"/>
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1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Shirt Size: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Shirt Size: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Shirt Size: \_\_\_\_\_
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Shirt Size: \_\_\_\_\_
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Shirt Size: \_\_\_\_\_

\*One shirt is included with each individual registration (Sizes Adult Small-XXXL). Please notify of any additional shirts at time of registration.

Please mail all registrations to the conference director:

Noah Pultro

5550 Hulmeville Road

Bensalem, PA 19020

Cell: 267-973-0951

[napultro@gmail.com](mailto:napultro@gmail.com)

KOINONIA 2020

Annual National Conference of the Christian Black Association & Shiho Karano Kai International

**RELEASE**

The undersigned desires to participate in martial arts activities and practicing various self-defense arts through the KOINONIA 2020 MARTIAL ARTS CONFERENCE located at Rhodes Grove in Chambersburg, PA.

In consideration of being allowed to participate in martial arts activities at said location, the undersigned does hereby release and discharge the KOINONIA 2020 MARTIAL ARTS CONFERENCE, CHRISTIAN BLACK BELT ASSOCIATION, and SHIHO KARANO KAI INTERNATIONAL, and all their black belt instructors and/or employees from any and all claims for damages for personal injury, death, or property damage which I may have, or which may subsequently accrue to me as a result of my participation in said martial arts activities, and I do hereby promise to use all prudent safety precautions while participating in said martial arts activities. This release is intended to discharge in advance the KOINONIA 2020 MARTIAL ARTS CONFERENCE, CHRISTIAN BLACK BELT ASSOCIATION, and SHIHO KARANO KAI INTERNATIONAL, and all persons described above, from and against any and all liability arising out of or connected in any way with my participation in said martial arts activities, and I hereby assume all risks associated with said martial arts activities, understanding that injuries sometimes occur in martial arts activities, and I hereby release and hold harmless the KOINONIA 2020 MARTIAL ARTS CONFERENCE, CHRISTIAN BLACK BELT ASSOCIATION, and SHIHO KARANO KAI INTERNATIONAL, and all persons mentioned above who might otherwise be liable to me (or my heirs) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I do hereby certify that I am in excellent health with no medical problem that would make my participation in said martial arts activities dangerous to me or any other person.

WITNESS my signature, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print name: \_\_\_\_\_ (Parent must sign if under 18)

Signature: \_\_\_\_\_