

Host:
PEAK PERFORMANCE
SHOTOKAN KARATE-DO
2210 SILVERLAKE RD.
NEW BRIGHTON, MN 55112
612-799-8464

Contact:
Sensei Chris Johnson
Chrisjohnson9411@gmail.com
www.peakperformanceshotokankarate.com

TUESDAY
AUGUST 27, 2024
PEAK PERFORMANCE
5:00 pm – 7:00 pm
Teen/Adult all levels
5:00 – 5:45 pm
Youth

Dinner with Sensei
following seminar

WEDNESDAY
AUGUST 28, 2024
PEAK PERFORMANCE
5:30 – 7:30 pm
PURPLE BELT AND ABOVE

Dan Test to Follow
Dan exams for SKIF Members
Contact Sensei Chris

Seminar Fees:
ADULT/TEEN:
SKIF-USA MEMBER: \$40 PER
CLASS
NON-SKIF: \$50 PER CLASS
YOUTH: \$25 PER CLASS



SHUSEKI SHIHAN MANABU MURAKAMI
AUGUST 27TH AND 28TH
AT PEAK PERFORMANCE

REGISTRATION FORM

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Email: _____

Phone: _____ SKIF-USA Membership # _____

Home Dojo/Instructor: _____

Rank: _____

Dan Test: _____ Rank testing for: _____

Registration fees:

ADULT/TEEN: SKIF-USA MEMBER \$40 PER CLASS, NON-MEMBER \$50,
YOUTH: \$25.00

_____ TUESDAY, PEAK PERFORMANCE YOUTH

_____ TUESDAY, PEAK PERFORMANCE ADULT/TEEN

_____ WEDNESDAY, PEAK PERFORMANCE

Total registration fee: _____

If you want to test please contact Sensei Chris Johnson for Dan testing fees to be paid separately.

Make Payment (cash, money orders, personal or cashier's checks) to:
Peak Performance Shotokan Karate-Do

Mail registration and payment to:

Peak Performance Karate-Do

2210 Silver Lake Rd., New Brighton, MN 55112

Waiver and Release of Liability

I hereby submit my application for participation in the 2024 Shuseki Shihan Murakami Seminar. I hereby acknowledge that there are possible risks of bodily injuries involved in participating in this event. I hereby waive and release any and all claims, causes of action, losses, damages, costs and expenses, including but not limited to attorney fees, either known or unknown, now existing or arising in the future, that I may have of whatever kind or nature against any event organizer, instructor, or anyone else involved in anyway with this event.

Signature: _____ Date: _____

Guardian: _____ Date: _____