

## Event Agreement Form

(317) 983-3938 • hamakarate@sbcglobal.net

Thank you for choosing Hill Academy of Martial Arts for your event. We are dedicated to empowering women and helping them feel safer in their everyday lives. Our goal is to provide you with the best event possible.

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- This package includes a 1 hour informational/hands on self-defense class. During this time we will exercise, talk about safety and awareness tips, and learn basic self-defense skills.
- O Drink & SIPP (Safety in Personal Protection)
  - This package includes a 1-hour informational self-defense class. We will talk about safety and awareness tips while each guest over the age of 21 enjoys one glass of wine.

## O Combination

• This package is 1.5 hours and includes everything listed in the Basic Self-Defense and Drink & SIPP packages.

Name of Business or Organi	zation	
Contact Person		
Event Address		
City		Zip
Phone #		Alternate Phone #
Email		
Event Date	Event Time	Number of Guest



Event Cost		
Number of Guest		
Price per Guest	\$	
Subtotal Amount	\$	
Minus \$50 Deposit	-\$50	
Balance Due at Event	\$	

Please, read each it	em and initial that you have	read and understand the contents.
I understand that all evo	ent guests will be required to sign a	consent form in order to participate in the phys
portion of the class.		
I understand the balanc	e due can be paid by credit/debit ca	ard or cash. No checks will be accepted.
I understand that I will	be responsible for the balance on the	e day of the event. You will be charged for the
number of people confirmed pl refund.	us any additions. However, if fewer	people attend, you will NOT be entitled to a
I understand there mus	t be a minimum of 5 guests, in order	to have an event.
I understand that 7 day	s before the event I will confirm the	number of guests coming to the event.
I understand that I will	pay the contracted rate but, if more	guests show up to the event than contracted,
pay an additional \$10 for each a	additional guest.	
I understand that there	is a \$50 non-refundable deposit tha	t is required in order to reserve the event (Unl
other arrangements have been	made).	
I understand that if pet	s will be at the event location, that t	hey must be secured until after the event is ov
I understand that if I ch	oose a Drink & SIPP package that I as	ssume all liability for the consumption of alcoh
and no open containers will lea	ve the premises.	
I understand that no un	derage drinking is allowed if I choos	e a Drink & SIPP package. Underage drinking is
grounds for immediate cancella	ation of the event, with no refund.	
I Have Poad and A	gree to the Terms of This Ev	vont Agroomont Contract
i Have Neau allu A	gree to the reinis or rins Lv	ent Agreement contract.
ed Name of Event's Authorized Signatory	Signature	Date
ed Name of Hill Academy of Martial Arts Staff	Signature	Date

SUBMIT YOUR AGREEMENT TO HAMAKARATE@SBCGLOBAL.NET