

REGISTRATION FORM

Mark Cashatt's Taekwon-Do School, Inc.
665 Forman Road, Souderton, PA
presents

PARENTS NIGHT OUT- LIGHTSABER NIGHT!

Friday, January 26, 2018

Drop off 5:45-6 pm

Lightsaber Training 6-7pm

Refreshments 7-7:30 pm

Movie 7:30-9:30

Pick-up 9:30 pm

*Participants should wear play clothes or STAR WARS COSTUME, and sneakers!

*\$30/person- each additional family member or friend \$25 (invite up to 3 well behaved friends)

*BRING YOUR OWN LIGHTSABER! (Please contact Master Cashatt if you do not have one)

*We will be watching STAR WARS: The Force Awakens

*Filling out and signing the is form states the parents confirm their child(ren) and friends are OK to watch the movie.



Name: _____ age _____

Contact phone number for during the event: _____

I, (the person listed above and parent and/or guardian) hereby submit my registration form for LIGHTSABER NIGHT. I agree to waive all claims against any person connected with the LIGHTSABER NIGHT (Michael Louie, Mark Cashatt's Taekwon-Do School, Inc. and all employees or partners) for any injury that I may sustain during the gathering. I hold myself responsible for my own actions and I promise to conduct myself within the guidelines of the dojang.

Applicants signature: _____ Date _____
(parents/guardian signature for participants under 18 years of age)

Please list any allergies we should be aware of: _____

CONTACT MASTER CASHATT at 215-721-1839 or cashattTKD@gmail.com with questions.