

# SANTA CRUZ AIKIDO SUMMER RETREAT      JULY 11 - 15, 2001

Please complete both sides of this form. One person per form, please. Make copies if needed.

Name \_\_\_\_\_

F    M                  Phone \_\_\_\_\_

Street Address \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Dojo: \_\_\_\_\_ Rank in Aikido? \_\_\_\_\_

Do you teach Aikido? \_\_\_ In what capacity? \_\_\_\_\_

Have you attended previous Santa Cruz Retreats? \_\_\_\_\_

Which years? \_\_\_\_\_

Apartments contain 2 bedrooms; each bedroom is double occupancy (4 people per apartment). If you have preferences, please specify: Roommate: \_\_\_\_\_

Apartment mates: \_\_\_\_\_

Smoking  / Nonsmoking  T-shirt size: \_\_\_\_\_

T-shirt style: (Reg. T  LG Sleeve  Tank  Scoop Neck  )  
(For planning purposes only; no commitment)

SCHOLARSHIP DONATION

YES, I would like to support the scholarship fund. Amount of donation enclosed: \_\_\_\_\_

SCHOLARSHIP REQUEST

Please send me a scholarship application. I have completed the registration form and enclosed the appropriate deposit. \_\_\_\_\_

**\$425 Residential Plan**

Deposit due with registration: \$200

Balance due June 8:                  \$225

**\$215 Commuter Plan**

Deposit due with registration: \$100

Balance due June 8:                  \$115

Make checks payable to:  
 NORTH BAY AIKIDO and mail to:  
 North Bay Aikido  
 Santa Cruz Aikido Summer Retreat  
 306 Mission St., Santa Cruz, CA  
 95060

**Fees:**  
 (indicate amount)

Tuition: \_\_\_\_\_  
 (Residential: \$425)  
 (Commuter: \$215)

Scholarship  
 Donation: + \_\_\_\_\_  
 Fee subtotal = \_\_\_\_\_

Deposit: -- \_\_\_\_\_  
 (Residential: \$425)  
 (Commuter: \$215)

Amount due  
 June 8: \_\_\_\_\_