

## 2014 REGISTRATION-FORM

Course Name:			
Course Date:			
Course Location:			
Full Name:			
Address:			
	City	State	Zip
Email Address:			
Phone:	Cell	Home	
Make check payable to:  Circle One: Visa Ma  Credit Card Number:	stercard		
Expiration Date:	CVV2:		
Amount to be charged:			
I hereby authorize Bushido Tacti	cal, LLC to charge my credit card in tl	ne amount listed abov	/e.
Authorized Signature	Date		

PRINT THIS FORM: MAIL, FAX, OR EMAIL TO

6845 Narcoossee Road, Suite 51 ● Orlando, Florida 32822

Phone: (407) 674-7464 ● Fax: (407) 674-7505 ● Email: info@bushidotactical.com

## Disclaimer:

Bushido Tactical reserves the right to dismiss applicants based on individual applications at our discretion. Tuition will be refunded on an individual basis which will be based on but not limited to termination or dismissal secondary to providing false information, discovery of criminal acts and or records and related matters. *Please fax a copy of your driver's license or C.C.W. permit together with this registration form. Registration will not be completed without this information.* 

## **Cancellation / Refund Policy:**

In order to provide excellent customer service to our students, we have adopted the following cancellation and refund policy as it relates to our training:

- A 50% deposit is required at the time of registration.
- The full training course fee is required to be paid in full 30 days before the class start date.
- All cancellations / refunds are subject to a 15% processing fee.
- All fees paid are non-refundable at 30 days before the class start date.

I hereby acknowledge that I am registering to attend a specialized defensive / tactical training school put on by Bushido Tactical which will be very challenging and physical in content. I understand that I need to be in good mental and physical health to attend.

Date:		
	Signature	
	Print Name	

NOTE: Your registration in not complete unless you receive confirmation.

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE AND/OR CCW PERMIT