

13th Annual KIK KARATE CAMP 2010

For
Youth and Adults
Beginner through Advanced



Join us for a week of fun and excitement!

When: Sunday, July 25 through Saturday, July 31.

Where: Randolph-Macon Academy - 135 acre campus overlooking Front Royal, VA. Surrounded by the Blue Ridge Mountains.

Includes: Three daily workouts, double occupancy air conditioned room, team tournament competition, Any exam fees if eligible, movie night, awards ceremony, field day, and three meals a day in private dining hall.

Accommodations: R-MA Middle School—Full size room with desk and closet space. Air Conditioned Facilities!

**Exclusive use of the middle school facilities which includes dormitory, gymnasium, cafeteria, and pool.

Facilities: Pool, tennis courts, basketball courts, soccer fields. 2 recreation rooms with Foosball, giant screen television.

Staff: Ken Klotz, Brian Welch, Pam Welch, Orlando Gonzalez, Mike Dorothy, Josh Craddock and Ryan London and David Klotz. Instructor/Student ratio 1 to 8.

Classes: Includes 15 workouts - All belt promotion material will be taught as well as specialty classes in weapons, ground fighting and tournament fighting. An exam will be given at the end of the week to those students who are eligible to test.

Who can attend: All ages and belt rank. We will accept the first 70 students registered.

How to register: Non-refundable \$160.00 deposit by March 20 to secure your spot. Final payment is due in June. A letter will be sent regarding all necessary camp items in June.

Cost: \$560.00 Can be broken down into 3 payments. Refer to the second sheet.

Early Bird Registration: Pay in full by March 20—Save \$15.00

or

3 monthly installments due on:

March 17 = \$186.66

April 17 = \$186.66

June 17 = \$186.66

Transportation— We will charter a bus from the Bowie Studio. The bus service will cost \$55.00 roundtrip. If you are interested in the bus service please indicate below.

Bus Service	Yes	No
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Call (301)651-7070 to sign up or see your instructor in class.

_____	_____
Name	Phone #

_____	_____	_____
Address	Zip	Age at Camp

_____	_____	_____
Signature	Roommate request	Belt rank

_____	_____	_____
Emergency Contact	Phone #	Email Address

Health Insurance Carrier

Health Insurance - ID number

Health Insurance - Group #

**If a child is taking any medication that needs to be monitored, please inform us ahead of time.