

# TOKO KYUDOJO SPRING PROGRAM: JUST PRACTICE

Friday April 22 – Sunday April 24, 2016

(Arrival: Friday after 1pm, registration opens 3pm; departure Sun. at 2:15pm)

## Program Registration

Register by mail with the form below or register online at [tokokyudojo.org](http://tokokyudojo.org). A confirmation will be sent by email. Cancellations before March 23 will be refunded 100%. Cancellations between March 24 and April 1 will be refunded 50%; between April 2 and April 15, 25%. No refund for cancellations after April 15.

NOTE: **NO** registration after April 15.

Please note that Toko Kyudojo does not profit in anyway on the facilities fee. Again this year, there will not be GI "rota". Those who would like to attend but are unable to commit to the entire program may register for day rate as shown below.

## Program cost

Single room: 2 nights + meals	\$310 facilities fee + \$75 program fee...\$385.00
Double room: 2 nights + meals	\$290 facilities fee + \$75 program fee...\$365.00
Triple room: 2 nights + meals	\$260 facilities fee + \$75 program fee...\$335.00
Day rate: 2 days + meals	\$180 facilities fee + \$75 program fee...\$255.00

There are a limited number of singles and triples at Garrison Institute. Please put in your request early and we will do our best to accommodate you. Single rooms are available on a first come first serve basis, with priority given to non-scholarship participants. Scholarships are available as usual; for inquiries about scholarships, contact us at: [info@tokokyudojo.org](mailto:info@tokokyudojo.org)

For general questions about the program or registration, contact [info@tokokyudojo.org](mailto:info@tokokyudojo.org)



Mail this form with a check payable to *Toko Kyudojo, Inc.* to:  
Toko Kyudojo, P.O. Box 7367, New York, NY 10116-7367

### ACCOMODATIONS

- ☐ Single room  
☐ Double room  
☐ Triple room  
☐ None

Roommate  
Preference(s):

.....  
.....

### PARTICIPANT

FIRST NAME

☐ PARTICIPANT IS UNDER AGE 18

LAST NAME

(Program is open to age 12 and above)

### MAILING ADDRESS

STREET

APT.

CITY

STATE OR PROVINCE

ZIP OR POST CODE

COUNTRY

### PAYMENT TOTAL

\$.....

EMAIL

PHONE

### EQUIPMENT

If you will **not** be bringing  
your own equipment:

kake size .....

yumi strength .....

### EMERGENCY CONTACT

NAME

PHONE