

# USTF KNIFE AND WEAPONS SELF DEFENSE COURSE REGISTRATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

USTF School \_\_\_\_\_ Rank \_\_\_\_\_

Instructor \_\_\_\_\_

Cost: First time: 75.00 \_\_\_\_\_ Refresher 50.00 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration due November 1<sup>st</sup>, 2024

Mail to

Jon Ragsdale

13567 SE 139<sup>th</sup> Ave Clackamas, OR 97015