

THE 6th ANNUAL PAMBUAN HERITAGE SEMINAR March 10th-11th 2012

SOLO BASTON

(SINGLE STICK)

DOBLE BASTON

(DOUBLE STICK)

ESPADA Y DAGA

(SWORD & DAGGER)

DAGA DEPENSA

(KNIFE DEFENSE)

MANO-MANO

(HAND TO HAND)



Participate and Celebrate in our heritage of the Filipino Martial Arts as taught by 5TH Generation Inheritor of his family art Ama-Guro Raffy Pambuan as taught to him by the 4th Generation Inheritor Lolo-Guro Isidro Pambuan.

LOCATION: Traditional Martial Arts Center 2220 Hempel Ave. Gotha, FL 34787

DATES: Saturday & Sunday March 10th & 11th 2012

TRAINING: Saturday 9AM – 4PM with 1 hr. Lunch / Sunday 10AM – 5PM with 1 and a half hr. Lunch

INCLUDED: Awards Banquet Dinner at Universal Studios V.I.P. Lounge – Saturday Night 6PM - 10PM

AND an all you can eat BBQ buffet lunch – Sunday 12PM – 1:30PM

ACCOMODATIONS: Rosen Inn at Pointe Orlando 9000 International Drive Orlando, FL 32819. (407) 996-8585

(Mention Pambuan Arnis Group or Booking ID #30345 for a discount of \$60 per night + tax before Feb. 23 2012)

COST: **\$224 on/before Mar. 1st 2012 ~ \$249 after Mar. 1st 2012 ~ \$299 at the Door.** 10% Discount for each additional family member (Living under same roof.)

Register early to receive the best rate...

To register early please email pambuanamis@yahoo.com before the listed date!

Seminar – Liability Waiver

I, _____ the undersigned, acknowledge that my use of techniques taught in this seminar may or may not be effective in actual self-defense situations. Injury may result from improper use or practice of these techniques. I assume all risks, responsibilities, and liabilities for the use of these techniques.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all right or claim to damages against the instructor (Rufino Pambuan) and or assistants of this seminar, the organizers (P.A.T.C.A. and/or Pambuan Tactical) of the seminar, property owner, landlord, its officers and servants, for any loss of property or injuries that I may sustain during the course of the above activity.

I further acknowledge that decisions to use or not use any self-protection techniques are solely my responsibility.

1. I have read and agree to the above.
2. I agree to, at all times, practice in a controlled, safe manner.

Attendee Name: _____ Date of Birth: ____ / ____ / ____
(PLEASE PRINT LEGAL NAME)

Attendee Name: _____ Date of Birth: ____ / ____ / ____
(PLEASE PRINT LEGAL NAME)

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Emergency Phone: _____ E-mail: _____

Contact in Case of Emergency _____

Medical Conditions: _____

Special Dietary Needs: _____

Extra Banquet Place Setting \$60 Each _____ X \$60.00 = _____

Pambuan Arnis Seminar _____ X \$____.00 = _____

Grand Total: _____

Attendee Signature: _____ Date: _____

Attendee Signature: _____ Date: _____

Parent Signature if under 18 years of age: _____ Date: _____

No Videotaping/Video-Cameras Allowed! Bring 2pr. Of Sticks, Training Blade, and Safety Gear!