IPDTI INSTRUCTOR CERTIFICATION COURSE & DEFENSIVE TACTICS TRAINING

Ankeny, Iowa - /FRI./SAT./SUN - September 20-21-22, 2024

REGISTRATION FORM

	(PLEASE	PRINT OR TYPE)	
Name:		Da	ate of Birth:
Address:			
City:	State:	Zip:	Phone: ()
Law Enforcement Officer: Yes I		Rank / Title:	
Agency / Dept.:			
Martial Arts Experience:	Style		Rank:
Email:			
OPTIONS: Instructor Certificat: (Must complete 3 day) Shirt Size: SM □ M Instructor shirt & tra DT TRAINING ONLY: IPDTI Inst. DT Training:	Id □ Lg □ XL ining material inc	•	Three Day \$375 □
Amount enclosed: \$	_ Check 🗆 🕒	MO □ AGENCY	/ / DEPT. PO #
Credit Card #		Exp: _	V-Code:
(V-Code: MC-Visa-Discover - 3 d Service fee for CC and PayPal tra PayPal: paypal.me/ipdtihq — Venn	ansactions may a	pply.	X 4 digit code on front of card) ipdtihq@gmail.com
 Use separate registration for Make checks and Money Or Mail to: BWDT - Hershey So 	ders payable to:]	<u>Black Well Defensive T</u>	

I hereby voluntarily submit my application for attendance and participation in said course and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, schools, owners, officers, directors, employees and other participants connected with said course individually or otherwise. I fully understand that in case of injury the only medical treatment provided will be first-aid. I understand that I must strictly obey instructors and observe safety rules. I understand that registration fees are non-refundable.

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