

BASHTA'S MARTIAL ARTS
350 SACKETT POINT RD.
NORTH HAVEN, CT
203.248.2274



HAMDEN RECREATION DEPT.
2750 DIXWELL AVE
HAMDEN, CT
203.287.2579

BASHTA'S MARTIAL ARTS

AND

HAMDEN RECREATION DEPARTMENT

PRESENT AN INTRODUCTORY MARTIAL ARTS PROGRAM

BASHTA'S MARTIAL ARTS HOLDS THE PHILOSOPHY THAT YOU CANNOT KNOW WHERE YOU ARE GOING IF YOU DO NOT KNOW WHERE YOU'VE BEEN. OUR INTRODUCTORY PROGRAM IS DESIGNED FOR CHILDREN BETWEEN THE AGES OF 6 AND 12. WHILE LEARNING THE FUNDAMENTAL KICKS, STRIKES AND BLOCKS, THE STUDENT WILL ALSO BE LEARNING BALANCE AND COORDINATION. WE STRIVE TO INSTILL IN ALL OUR STUDENTS THE OLD WORLD VALUES OF RESPECT AND DISCIPLINE, WHILE TEACHING SELF DEFENSE AND BUILDING SELF ESTEEM IN A FUN AND EXCITING ATMOSPHERE.

OUR INTRODUCTORY PROGRAM RUNS FOR A PERIOD OF EIGHT WEEKS. IN CASE OF AN UNFORSEEN CANCELLATION, THE CLASS WILL BE MADE UP AT THE END OF THE EIGHT CLASSES. CLASSES MEET ON WEDNESDAYS. THE PROGRAM DATES ARE:
11/18, 12/2, 12/9, 12/16, 1/6, 1/13, 1/20, 1/27

PROGRAM COST: \$70

CLASSES ARE HELD AT SHEPHERD GLEN SCHOOL
CLASS TIME: 6:00PM - 7:00PM

REGISTRATION FORM

NAME _____
D.O.B _____ AGE _____ MALE _____ FEMALE _____
PHONE(HOME) _____ (WORK) _____
ADDRESS _____ ZIP CODE _____
SCHOOL _____

WAIVER HOLD HARMLESS

The undersigned parent or guardian of the above named child do hereby agree to waive, release, and hold harmless Bashta's Martial Arts, the Town of Hamden and the agents and employees of both from any and all causes including personal injury. I understand that insurance coverage is my responsibility.

SIGNATURE _____ DATE _____

CHECK: _____ CASH: _____ PLEASE MAKE ALL CHECKS PAYABLE TO BASHTA'S MARTIAL ARTS
CHECK# _____ RECEIPT# _____