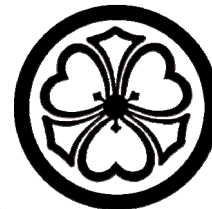
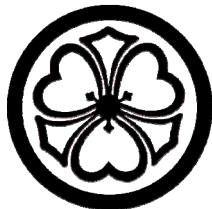


SENSEI DEMURA'S 45TH ANNIVERSARY CELEBRATION BANQUET



Saturday, February 20, 2010
6pm to 9pm

Costa Mesa Community Center
1845 Park Ave., Costa Mesa, CA - a map will be available

Attire is semi-formal/evening dress
Ticket Price is \$55 per Person
Form and payment must be received by Thursday, February 11, 2010.
Limited Seating – tickets available on a first come, first served basis.

Please print the following information and list all attendees and selections:

Name _____
Address _____
City, State, Country _____
Phone _____ E-Mail _____

3 Entrée selections: • *Roast Tri-Tip (Beef)* • *Herb Chicken Breast* • *Vegetarian Meal*
2 Dessert selections: • *Chocolate Cake* • *Cheesecake*
4 Beverage selections: • *Coffee* • *Hot Tea* • *Iced Tea* • *Water*.
The meal will also include a green salad, a potato dish, a vegetable, and a roll.

Each Person in Party – please list name with choice of one entrée, dessert, and beverage:

<u>Name</u>	<u>Entrée</u>	<u>Dessert</u>	<u>Beverage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional persons and their choices on the back of this form.

Ticket Price is \$55 per Person.

Number of People in Party _____ X \$55 = \$ _____ Date Paid _____

Please make payment separately from any other payments and/or registrations.
Please pay with either cash or a check made out to **JKF** or **Fumio Demura**.

Please send form and payment to Sensei Demura at Santa Ana Dojo, 1429 N. Bristol, Santa Ana, CA 92706.
Any questions, contact Sensei Demura at (714) 543-5550 or jkfitosu@juno.com.

I, the undersigned, do hereby voluntarily submit my application for attendance at this banquet, and do hereby assume full responsibility for any damages, injuries, or loss that I may incur, if any, while attending, and I hereby waive all claims against the promoters, officials, or sponsors, or Costa Mesa Community Center or its employees, of said banquet, individually or otherwise, for any claims or injuries I might sustain. I fully understand that any medical treatment given me will be of a first aid nature only. I also consent that any pictures furnished by me or taken of me in connection with these events may be used for publicity, promoting, or television showing, and I waive compensation in regard thereto.

Signature _____ Date _____

Parent/Guardian (if student under 18) _____