



WORKSHOP REGISTRATION FORM

Thank you for registering for our fall workshops. Please print out this form and send it in with payment. **It is important that you provide your email address so we may confirm your registration.** If you have any questions, just e-mail contactus@satoriathletic.org.

We look forward to seeing you at the following event!

Athletes' Save Lives!

Learn how to take appropriate action when confronted with an emergency. Learn First Aid and CPR! Join us for this fun but effective approach to learning how to save a life.

Saturday, January 26, 2007, 9:00 a.m.

New Jersey Institute of Technology, Campus Center, 150 Bleeker Street,
Newark, NJ

- I am an **SAO Member**. **ATTENDANCE IS FREE!**
- I am **not** an **SAO Member**. Cost for this workshop is \$35 for non-members.

Checks should be made out to: Satori Athletic Organization

Not a SAO member? **Send in your membership application and payment along with the workshop registration form and we'll waive the cost of attendance.** Join SAO today!

(Please Print)

Student Name _____

Parent Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Email Address (Student) _____

Email Address (Parent) _____

Phone Number _____

Sport _____

How did you hear about the workshop?

Word of Mouth

Internet

Advertisement

School/AAU Coach

Newspaper

School Guidance Counselor

Comments: _____

SAO reserves the right to cancel, change, and/or reschedule its workshops. Participants will be given advance notification.

The Satori Athletic Organization
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