



2026 COMBAT HAPKIDO NORTHEAST TRAINING SEMINAR

Hosted by Senior Master R. Shane Murray



CONTACT: Shane Murray

PHONE: (518) 812-1992

EMAIL: murrayswol@gmail.com

SEMINAR DETAILS

WHAT	Combat Hapkido, Dan Bong & Cane Techniques
PRESENTED BY	Grand Masters Robert Gray & Alfred Medina
WHERE	West Glens Falls Volunteer Firehouse 33 Luzerne Rd., Queensbury, NY 12804
WHEN	Saturday, October 17, 2026
TIME	10:00 AM - 4:00 PM

REGISTRATION & PRICING

EARLY BIRD \$139	Register by September 30, 2026	REGULAR \$150	October 1-17, 2026
-----------------------------------	---------------------------------------	--------------------------------	--------------------

Instructor Discount: Any instructor bringing 6 or more students attends **FREE**. All group registrations and payments must be received by September 30, 2026 to qualify.

IMPORTANT INFORMATION

Dress Code	Full martial arts uniforms are required. If a uniform is unavailable, martial arts/tactical pants with an ICHF T-shirt or polo shirt may be worn.
Lunch	There will be a 30-minute lunch break. Lunch will not be provided; please bring your own.
Refund Policy	Registration fees are non-refundable and non-transferable. No substitutions.

NEARBY HOTELS

The Queensbury Hotel (518) 792-1121	Fairfield Inn & Suites (518) 832-4056	Econo Lodge (518) 793-3800
---	---	--------------------------------------

SEMINAR REGISTRATION FORM

Please print clearly. Use a separate registration form for each participant.

PARTICIPANT INFORMATION

Name _____	Date of Birth _____
Address _____	Phone _____
City _____	State / ZIP _____
Email _____	Martial Art _____
Rank & Title _____	Instructor / School _____

REGISTRATION FEE

■ **\$139 Early Bird Registration** - received by 09/30/2026

■ **\$150 Regular Registration** - 10/01/2026 through 10/17/2026

Amount Enclosed: \$ _____

Instructor Group Offer: Instructors bringing 6 or more students attend free. All group registrations with payment must be received by 09/30/2026.

PAYMENT & MAILING INSTRUCTIONS

- **Payment:** Check or money order only.
- **Make payable to:** Robert S. Murray
- **Mail to:** Robert S. Murray, 1750 Ament Way SE, Bolivia, NC 28422
- **Questions:** murrayswol@gmail.com | (518) 812-1992

PARTICIPATION WAIVER & MEDIA RELEASE

I hereby voluntarily submit my application for attendance in this course and assume responsibility for any and all damages, injuries, or losses I may sustain while attending, participating in, or traveling to and from this activity. I release and waive all claims against the sponsors, promoters, organizers, operators, hosts, instructors, associations, school owners, officers, directors, employees, and other participants connected with this course, individually or otherwise.

I understand that, in the event of injury, only first aid may be provided. I agree to follow all instructor directions and safety rules. I further authorize photographs and video recordings taken of me in connection with this course to be used for publication, promotion, articles, shows, advertising, and related purposes without additional consent or compensation.

I understand and agree that all registration fees are **non-refundable and non-transferable**.

Participant Signature _____	Date _____
Parent/Guardian Signature (if participant is a minor) _____	Date _____