



**2026 COMBAT HAPKIDO
ALBANY - NEW YORK
DOUBLE IMPACT - TRAINING SEMINAR**



**Featuring: ICHF Seminar Leaders
Grandmaster Alfred Medina 9th Dan
Grandmaster Robert Gray 8th Dan**

Date: Saturday, April 11, 2026

Location: Troy Tae Kwon Do

615 Pawling Avenue

Troy, New York 12180

For more information contact:

Grandmaster Alfred Medina Phone: (646) 996-1551

Email: medinallc@optonline.net



2026 COMBAT HAPKIDO ALBANY - NEW YORK DOUBLE IMPACT - TRAINING SEMINAR

HOSTED BY: Grandmaster Alfred Medina

Email: medinallc@optonline.net

Phone: 646-996-1551

TOPICS TAUGHT: Combat Hapkido techniques and weapons

- Please bring a training cane, short stick and plastic knife

PRESENTED BY:

- Grandmaster Alfred Medina 9th Dan
- Grandmaster Robert Gray 8th Dan

WHERE: Troy Tae Kwon Do, 615 Pawling Avenue, Troy, NY 12180

WHEN: Saturday, April 11, 2026

TIME: 10:00am – 4:00pm

PRICING:

- \$100 Early Bird Pricing (before March 27, 2026)
- \$120 Regular Pricing (after March 27, 2026)

INSTRUCTOR DISCOUNT: Any instructor bringing 6 or more students attends for **FREE!** (Registrations must be received before March 27, 2026 to qualify)

DRESS CODE: Full martial arts uniforms are required. If uniform is unavailable you may wear martial art/tactical pants and an ICHF polo or t-shirt. Only bare feet or martial arts shoes are allowed on the mat floor.

PLEASE NOTE: No refunds or substitutions!

----- (PLEASE PRINT NEATLY) -----

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Martial Art: _____ Rank & Title: _____

Instructors bringing 6 or more students attend for free! All group registrations with payments, must be received by March 27, 2026.

Registration Fee (please check):

_____ \$100 Seminar (Early Bird) Registration (before March 27, 2026)

_____ \$120 Seminar Registration (after March 27, 2026)

NOTE: Check, Money Order or you can Zelle the fee to 646-996-1551

* Make check payable to: Medina Consultants, LLC

* Mail to: P.O. Box 91, Bronx, NY 10465

* Email: medinallc@optonline.net Phone: (646) 996-1551

* Use separate registration form for each participant

I hereby voluntarily submit my application for attendance in said course and hereby assume all responsibilities for any and all damages, injuries, or losses I may sustain 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, school 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 further agree that any pictures and videotaping taken of me in connection with said course can be used for publication, promotion, articles, shows, and advertisements without additional consent and without compensation at this time or any other time. I understand that registration fees are non-refundable and non-transferable.

Signed: _____ Date: _____