



Aikido

NW Camp/Instructor Seminar

JULY 30–AUGUST 2, 2015

3215 FLOWERY TRAIL ROAD

ROSHINKAN DOJO—CHEWELAH PEAK, WA 99109

[HTTP://AIKISPOKANE.COM](http://aikispokane.com)

Andrew Sato Sensei
CHIEF INSTRUCTOR, AWA
6TH DAN, AIKIKAI

Seminar Schedule

JULY 30TH

6:00–8:00 pm Aikido
8:00 pm Dinner

JULY 31st

8:00 am Breakfast
10:00 am–1:00 pm Aikido
3:00–6:00 pm Aikido
7:00pm Dinner

AUGUST 1ST

8:00am Breakfast
10:00 am–1:00 pm Aikido
3:00–6:00 pm Aikido
7:00 pm Dinner

AUGUST 2ND

8:00am Breakfast
9:30 am–12:30 pm Aikido

Lodging

Camp:

Lodging will be dorm-style, with beds, modern toilets, and showers. You can also use tents, campers, or trailers. Bring your own bedding

OR ASK IN ADVANCE FOR BEDDING**

Nordlig Hotel
101 West Grant Avenue
Chewelah, WA 99109
<http://www.nordlig.com>

****IMPORTANT:** Bring your own sleeping bag or sheets, blanket, pillow, and towel. For those traveling by air, who may need bedding, **PLEASE LET US KNOW IN ADVANCE SO WE CAN SUPPLY BEDDING FOR YOU.**

**** ASK IN ADVANCE FOR TRANSPORTATION TO/FROM AIRPORT OR FIND YOUR OWN WAY TO CAMP.**



Camp Registration Form—NW Camp/Instructor Seminar

I would like to register for the camp. Please find enclosed my check or money order (made payable to “Aikido World Alliance”) in the amount of:

Entire Camp	<input type="checkbox"/>	Classes, lodging & meals	<input type="checkbox"/>	\$325 – AWA Members	<input type="checkbox"/>	\$350 – Non-AWA
Classes Only	<input type="checkbox"/>	\$60 – Friday or Saturday	<input type="checkbox"/>	\$50 – Thursday or Sunday	<input type="checkbox"/>	All classes: \$100
Non-AWA	<input type="checkbox"/>	\$70 – Friday or Saturday	<input type="checkbox"/>	\$60 – Thursday or Sunday	<input type="checkbox"/>	All classes: \$120

Event Dates July 30-August 2, 2015		Fee	Today's Date
Name			
Mailing Address			
City		State	Zip Code
Home Phone		Work Phone	E-mail
Martial Art: Aikido { }			Other { }
Name of Dojo			Rank
Emergency Contact			Phone

Payment Method

For more information, contact:

<input type="checkbox"/>	Check enclosed: _____	Amount: _____	E-mail: aikidoalliance@aol.com
<input type="checkbox"/>	Credit card: _____	Visa Mastercard	Phone: (773) 784-4450
<input type="checkbox"/>	Card #: _____		Fax: (773) 784-4405
	Exp. _____	CVC _____	
<input type="checkbox"/>	Cash		

Please mail registration and payment to: Aikido World Alliance, 4512 N. Lincoln Avenue, Chicago, IL 60625

Release of Liability (Please read before you sign)

For the permission of Aikido World Alliance, to use its facilities and of the execution by others of agreements similar, the undersigned agrees that while upon the premises of Aikido World Alliance or while using its facilities or equipment, whether at Aikido World Alliance or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases Aikido World Alliance from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts of any persons thereon. The undersigned further agrees to indemnify and hold harmless Aikido World Alliance and each of its instructors, teachers, officers, directors, and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of Aikido World Alliance or while using any of its facilities or equipment, whether at the Aikido World Alliance or any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all of my questions regarding it have been fully answered. I understand that Aikido World Alliance documents activities and events involving classes and instruction. I give Aikido World Alliance permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way Aikido World Alliance wishes. I understand that Aikido World Alliance is the sole owner of the documentation.

Signed: _____

Signed: _____
(Parent or guardian if participant is under 18)

Date:	By Whom:
Amount:	Cash: Ck: Chg:
Notes:	

