

# Aikido

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Instruction by Andrew Sato, Sensei

November 3rd - 5th , 2006

Hosted by Kiku Matsu Dojo

4512N. Lincoln Ave.

Chicago, IL 60625

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## About the Seminar

Instruction and teaching methodology will be given by Andrew M. Sato, Chief Instructor of the Aikido World Alliance. Standing and seated empty hand waza, as well as weapons training will be covered over the course of the event. Please bring your jo and bokken, weapons will be a large part of the seminar.

## Seminar Schedule

<b>Friday</b> November 3rd	5:30 6:00 – 8:30 pm	Registration Aikido
<b>Saturday</b> November 4th	1:00 – 3:30 pm 4:00 – 6:30 pm 7:30 pm	Aikido Aikido Group dinner
<b>Sunday</b> November 5th	9:30 – 12:30 pm	Aikido

## About the Instructor

Andrew M. Sato, Rokudan Aikikai, is a full time Aikido instructor. Sato Sensei trained under Fumio Toyoda Shihan beginning in 1977, until Toyoda Sensei's passing in 2001. First as member of the Ki Aikido Society, then with the Aikido Association of America and Aikido Association International. From 2002 until the end of 2004 Sato Sensei served as the chief instructor of both the AAA & AAI. In 2005 he organized the Aikido World Alliance for dojo cho and students to further improve their understanding and art of Aikido through standardized instruction and intensive training, while providing opportunities for personal exchange and community networking.

## Lodging in the Area

### Heart of Chicago

5990 N. Ridge  
Chicago, IL  
Ph: 773 271 9181  
\$60.00/night

### Guest House

2600 W. Bryn Mawr  
Chicago, IL  
Ph: 773 561 6811  
\$40.00/night

### Purple Radisson

4500 W. Touhy Ave.  
Lincolnwood, IL  
Ph: 847 677 1234  
\$75.00/night

## Seminar Registration Form – Kiku Matsu Dojo, IL

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

- [ ] \$50 Entire Seminar  
 [ ] \$25 Friday only [ ] \$40 Saturday only [ ] \$25 Sunday only

Event Date(s)	Fee	Today's Date
Name		
Mailing Address		
City	State	Zip
Home Phone	Work Phone	E-mail
Martial Art: Aikido [ ]		Other [ ]
Name of Dojo		Rank
Emergency Contact		Phone

### Payment Method

- [ ] Check enclosed:                      Amount:  
 [ ] Credit Card:    Visa        MasterCard

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

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

### For more information, contact:

E-mail: aikidoalliance@aol.com  
 Ph: 773-784-4450  
 Fax: 773-784-4405

### 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 document 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 wish. I understand that Aikido World Alliance is the sole owner of this documentation.

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

(Parent or guardian if participant is under 18)

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