

# Aikido

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Instruction by Andrew Sato, Sensei

January 11th -13th, 2008

Hosted by Gyokushinkan Dojo

5912 South 28th

Fort Smith, AR 72901

*Phone: 479-646 7100*



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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> January 11th	5:30 6:00 – 9:00 pm	Registration Aikido
<b>Saturday</b> January 12th	10:00 – 1:00 pm 3:00 – 6:00 pm 7 pm	Aikido Aikido Group dinner
<b>Sunday</b> January 13th	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. 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.

## Dojo Background & Bio

The Aikido Association Of Arkansas was founded in 1990 & known then as Arkansas Budokan. Starting as an association with a local Karate dojo it soon grew into a separate martial arts dojo. The dojo was renamed "Gyokushinkan" in 1993 by Fumio Toyoda shihan. Gyokushinkan dojo offers a full schedule of adult and children's classes in all aspects of Aikido as well as Iaido and Zen. Dojo cho James Jones sensei has over 30 years training in the martial arts, with over 15 years in Aikido. Jones sensei is a direct student of Fumio Toyoda shihan & Andrew Sato sensei.

## Lodging in the Area

**Ramada Inn**  
5103 Towson Ave.  
Fort Smith, AR 72901  
Ph: 479-646-2931

**Holiday Inn**  
6813 Phoenix Ave.  
Fort Smith, AR 72903  
Ph: 479-452-7500

**Holiday Inn City Center**  
700 Roger Ave.  
Fort Smith, AR 72901  
Ph: 479-783-1000

## Seminar Registration Form – Gyokushinkan Dojo, AR

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:

- \$70 Entire Seminar  
 \$40 Friday only    \$60 Saturday only    \$40 Sunday only

Event Date(s)	Fee	Today's Date
Name		
Mailing Address		
City	State	Zip
Home Phone	Work Phone	E-mail
Martial Art: Aikido <input type="checkbox"/>		Other <input type="checkbox"/>
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:	