

# Aikido

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Andrew Sato, Sensei

April 18th-20th, 2008

Hosted by Bushinkan Dojo

2506a West Main Street

Jeffersonville, PA 19403

*Phone: 484-250-7073*



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Chicago IL 60625  
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## About the Seminar

Instruction will be given by Andrew M. Sato, Chief Instructor of the Aikido World Alliance. Tachiwaza, suwariwaza & bukiwaza training will be covered over the course of the event. Please bring your jo and bokken.

## Seminar Schedule

<b>Friday</b> April 18th	5:30 6:00 – 9:00 pm	Registration Aikido
<b>Saturday</b> April 19th	10:00 – 1:00 pm 3:00 – 6:00 pm 7 pm	Aikido Aikido Group dinner
<b>Sunday</b> April 20th	9:30 – 12:30 pm	Aikido

## Dojo Background & Bio

Bushinkan dojo is steeped in the martial traditions. Jef Bowden sensei started Judo at 8 years and then Tae Kwon Do and Judo combined when he was 16 years old. In 1983 he began Aikido under Shuji Maruyama and then with senior Michael Worth. In 1993 Bowden sensei began training with Jim Walsh, Donovan Waite & Lou Perriello of the USAF. In 1995 Bowden sensei joined the AAA with Toyoda sensei as a new dojo called the Lower Providence Aikido. Bowden sensei is ranked yondan and Bushinkan dojo is a founding member dojo of the AWA since 2005.

## Lodging in the Area

**Hampton Inn**  
530 W. Dekalb Pike  
King Of Prussia, PA 19406  
Ph: 610-962-8111

**Budget Inn**  
830 W. Main Street  
Norristown, PA 19401  
Ph: 610-279-0150

**Fairfield Inn**  
258 Mall Blvd.  
King Of Prussia, PA 19406  
Ph: 610-337-0700

## Upcoming AWA seminars

May 2nd-4th, 2008      Aikido Of Rossmoor, CA  
May 15th-18th, 2008      AWA Spring Camp, GA  
May 30th- June 1st, 2008      Kiku Matsu Dojo, Chicago, IL

## Seminar Registration Form - Bushinkan Dojo, PA

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:	