

**CENTRAL STATES SHOTOKAN WELCOMES
FROM THE HOITSUGAN DOJO IN JAPAN
CHIEF INSTRUCTOR
MINORU KAWAWADA 8TH DAN J.K.A.**



**FOR A SPECIAL WEEKEND OF CLINICS
JUNE 9TH & 10TH 2018**

SATURDAY JUNE 9TH

**11-1 PM ALL RANKS/ALL AGES
GENERAL TRAINING**

**2-4 PM INTERMEDIATE/ADVANCED
6TH KYU AND ABOVE/ALL AGES**

SUNDAY JUNE 10TH

**9-11 AM ALL RANKS/ALL AGES
GENERAL TRAINING**

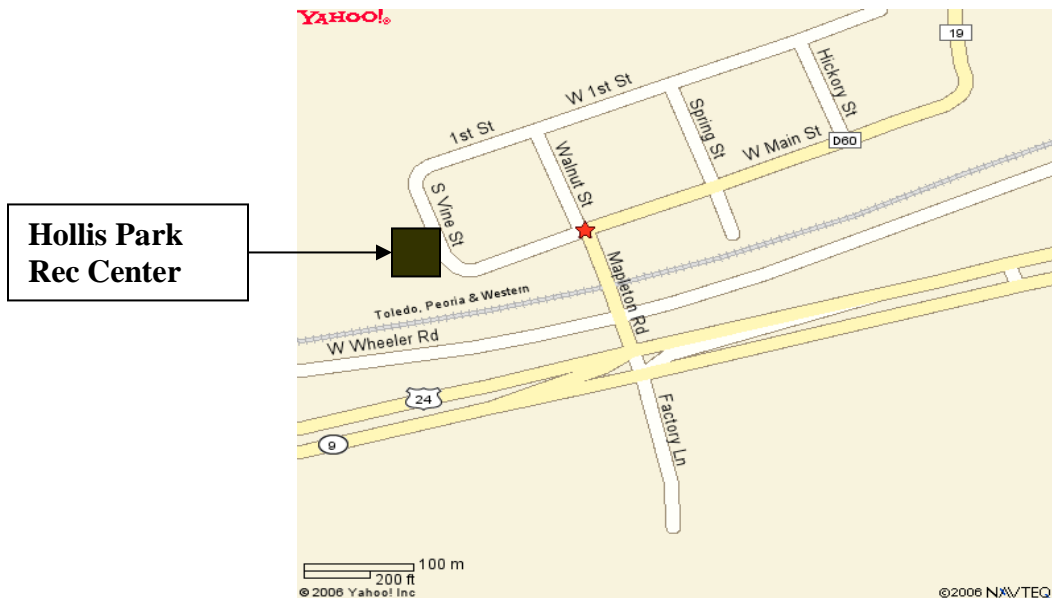
**12-2 PM INTERMEDIATE/ADVANCED
6TH KYU AND ABOVE/ALL AGES**

Must wear white gi or loose fitting clothing only

COST: \$45 per class/\$170 for all 4

***if you pre-register by May 19th
the price is \$35 per class/\$130 for all 4**

**LOCATION: HOLLIS PARK REC CENTER
10107 S. VINE ST. MAPLETON, IL. 61547**



DIRECTIONS: FROM NORTH-TAKE I 55 SOUTH TO I 74 WEST. I 74 WEST TO I 474 WEST. I 474 WEST OVER THE ILLINOIS RIVER TO RT. 24 WEST (THRU BARTONVILLE IL.) RT. 24 WILL TAKE YOU STRAIGHT TO MAPLETON, IL. FROM RT. 24 TAKE A RIGHT ON WALNUT ST INTO MAPLETON, GO OVER THE RAILROAD TRACKS AND TAKE THE NEXT LEFT (ONTO MAIN ST./ S. VINE ST.) THE REC CENTER IS AT THE END OF THIS STREET.

FROM SOUTH-TAKE I 55 NORTH TO I 155 NORTH. I 155 NORTH TO I 74 WEST. I 74 WEST TO I 474 WEST. I 474 WEST OVER THE ILLINOIS RIVER TO RT. 24 WEST (THRU BARTONVILLE IL.) RT. 24 WILL TAKE YOU STRAIGHT TO MAPLETON, IL. FROM RT. 24 TAKE A RIGHT ON WALNUT ST INTO MAPLETON, GO OVER THE RAILROAD TRACKS AND TAKE THE NEXT LEFT (ONTO MAIN ST./ S. VINE ST.) THE REC CENTER IS AT THE END OF THIS STREET.

**SENSEI MINORU KAWAWADA 8TH DAN J.K.A.
CLINICS JUNE 9th & 10th
REGISTRATION FORM**

NAME: _____ DATE: _____
RANK/YEARS TRAINED: _____ AGE: _____ DOJO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL. #: (____) _____ EMAIL _____

SATURDAY JUNE 9th CLINICS

GENERAL: 11-1pm (Pre \$35/Door \$45)
ADVANCED: 2-4pm (Pre \$35/Door \$45)

SUNDAY JUNE 10th CLINICS

GENERAL: 9-11am (Pre \$35/Door \$45)
ADVANCED: 12-2pm (Pre \$35/Door \$45)

**circle all clinics you wish to attend*

TOTAL AMOUNT ENCLOSED: \$ _____

To pre-register send check or money order to the address below. Make checks payable to Central Illinois Shotokan Karate. All pre-registration forms (including the attached waiver) must be signed & received by May 19th.

CONTACT INFORMATION: For questions or further information contact
JAMES HARTMAN
P.O. BOX #49
GLASFORD, IL. 61533
(309) 389-2593 home
(309) 645-0261 cell
Email address: jim.hartman@ciskarate.com

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, do hereby for myself, my executor(s), my heirs, forever and always hold harmless the Central Illinois Shotokan Karate Association, the Central States Shotokan, the Hollis Park Rec Center, and all officers, agents, representatives, instructors, and volunteers for any liability, injury, illness, or other loss I may sustain by way of my traveling to or from, participating in, or other direct or indirect involvement in said karate event I have voluntarily entered. In addition, I hereby for now and forever accept any and all responsibility for any actions in conjunction with said event, the traveling to or from, or participation in said event. Also, I agree to allow, without compensation, the unrestricted use of any photographs, film, or videotape of myself. Finally, I represent to all of the aforementioned that I am in good physical health, and that I have no disability, impairment, illness, or ailment preventing me from participating in said event.

I fully understand that any and all medical aid or treatment administered to me as a result of any injury will be of a first aid nature only.

I have read and fully understand all of the terms and conditions. I voluntarily agree to the entire liability waiver.

SIGNATURE _____

DATE _____

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN

SIGNATURE _____

DATE _____