

## 9<sup>TH</sup> ANNUAL SUMMER SHURI SEMINAR

It is Sensei Kaufman's Honor and pleasure to welcome her Teacher



## O'SENSEI ROBERT H. BOWLES, HANSHI

GRANDMASTER OF THE OKINAWAN SHURI-RYU SYSTEM WORLDWIDE

FOUNDER OF THE ISA - INTERNATIONAL SHURI-RYU ASSOCIATION

A SENIOR STUDENT OF THE LATE GRANDMASTER O'SENSEI TRIAS

LEARN FROM TRADITION



TRANSCEND, GO BEYOND





### AUGUST 19<sup>™</sup>

TWEEN / ADULT SESSION 10:30 AM CHECK-IN

11 AM - 4 PM TRAINING BRING SNACK & DRINK

EXPECT A SPECIAL SURPRISE

SHURI STANDARDS

& KOBUDO " BO "
FUN - PHOTO - CERTIFICATE

FRIDAY AND SATURDAY

AUGUST 18<sup>™</sup> & 19<sup>™</sup> , 2017

GRACE UNITED METHODIST CHURCH
601 EAST BOUNDARY STREET
PERRYSBURG, OHIO 43551

#### **REGISTRATION NOW OPEN!**

ADVANCINGKARATE@YAHOO.COM (419) 509-4277 FRIDAY

## AUGUST 18TH

KIDS SESSION
KIDS 9 YRS AND UNDER
5:30 PM CHECK-IN
6:00 PM TRAINING
SHURI STANDARDS
FUN - PHOTO - CERTIFICATE

RAFFLE DRAWING! (TBA)

SAT. TWEEN/ADULT SESSION REGISTER FRI. KID'S SESSION
"EARLY BIRD" REG. \$ 75 BY 7/28 "EARLY BIRD" REG. \$ 40

<u>"PRE" REG. \$ 90 BY 8/16 "PRE" REG \$ 50</u>

<u>"AT-DOOR" REG \$100</u> <u>8/17-19</u> <u>"AT-DOOR" REG \$60</u>



## ANNOUNCING THE 2017 9<sup>TH</sup> ANNUAL SUMMER SHURI SEMINAR



IT IS SENSEI KAUFMAN'S

HONOR AND PLEASURE TO ANNOUNCE THE SSS FEATURED INSTRUCTOR, HER TEACHER

## O'SENSEI ROBERT H. BOWLES, HANSHI

#### THIS YEARS' SEMINAR THEMES

LEARN FROM TRADITION - TRANSCEND, GO BEYOND

THE ART OF OKINAWAN SHURI-RYU KARATE-DO: STANDARDS - METHODS - APPLICATIONS

OKINAWAN KOBUDO THE BO / WOODEN STAFF: THEORY - TRADITIONAL FORM

**MARTIAL ARTISTS / PRACTITIONERS OF** 

#### ALL AGES & ALL SKILL LEVELS ARE WELCOME!

FRIDAY, AUGUST 18TH

O'SENSEI WILL HOLD A FRIDAY "KIDS ONLY" SEMINAR, AGES 9 YRS & UNDER



REGISTRATION AT 5:30 PM (SESSION BEGINS PROMPTLY AT 6:00 PM)

FOLLOWING TRAINING: CERTIFICATES - PHOTOS - RAFFLE DRAWING (TBA)



## SATURDAY, AUGUST 19TH

O'SENSEI WILL HOLD A SATURDAY SESSION FOR ADULTS AND TWEENS 10 YRS+

10:30 AM REGISTRATION (KARATE SESSION BEGINS PROMPTLY AT 11:00 AM)

01:30 PM SNACK BREAK (PLEASE BRING SNACK & DRINK)

... EXPECT A SPECIAL SURPRISE!

02:00 PM TRAINING (KOBUDO "BO" SESSION BEGINS)

04:00 PM Session Ends WITH CERTIFICATES & PHOTOS!



IADIE EOD DIIDCHACE

O'SENSEI BOWLES WILL MEET - GREET - SIGN AND HAVE AVAILABLE FOR PURCHASE

EDUCATIONAL MATERIAL: BOOKS, MANUALS, DVD'S & MORE!

OUT - OF - TOWN GUESTS WHO MAY WANT A HOTEL ROOM (APPROX. 10 MIN. FROM SEM LOCATION)

HILTON GARDEN INN - LEVIS COMMONS - PERRYSBURG, OH: (800) 445-8667 CODE: KARA

JOIN THE EVENT: FACEBOOK.COM/EVENTS/596175977244981

FOR MORE INFORMATION ON THIS **ENGAGING EXCEPTIONAL EXPERIENCE!** 

CONTACT SENSEI KAUFMAN - (419) 509-4277 - ADVANCINGKARATE@YAHOO.COM



"PRINT" PARTICIPANT'S NAME

# SAT. AUGUST 19<sup>TH</sup> REGISTRATION

PARTICIPANT NAME		SUNAMA
AGE (ON 08/19) RANK	ISA #	HURI-R
		OKINAWAN
ADDRESS - STREET NUMBER & NAME		SHURI-RYU KARATE-DO
		RAKATE-DO
ADDRESS - CITY	STATE ZIP	O'SENSEI
		ROBERT BOWLES
EMERGENCY CONTACT & PHONE NUMBER		[]
		SHURI-RYU STANDARDS
EMAIL ADDRESS		STANDARDS &
		Ковиро " Во "
MEDICAL INFORMATION		1
		SAT. AUGUST 19
SEMINAR REGISTRATION NOW	OPEN - SECURE YOUR SPOT * SEE SAVINGS ON EARL	Y BIRD REG. *
FEE \$75 "EARLY BIRD" by		
		00040 555 50
SEMINAR PAYMENT SUMMARY: DATE: \$	CHECKS PAYABLE TO "I.S.A." - PLEASE MAIL F	
Check #:	SENSEI AMANDA KAUFMAN - ADVANCING	
	P.O. BOX 0162 - PERRYSBURG, OHI	
	re to participate in classes and/or personal training with Robert E	
•	burg, I, the undersigned, intending to be legally bound so hereby release and forever discharge any and all rights and claims for da	
•	bert Bowles Karate Academies USA #1, Inc., Advancing Karate, Ltd	,
·	Amanda Kaufman, its or their officers, agents, representatives, ins	
or other corporations or individuals associate	ed with aforesaid entities for any and/or all damages, claims, inju	ries, or actions sustained
·	on in or arising out of my participation in any of the classes, se	•
_	demies USA #1, Inc., Advancing Karate, Ltd., Robert H. Bowles,	
•	irg. If in doubt as to my physical condition to engage in classes	and/or personal training
and/or seminars, i have been advised to see	ok the advice of a competent physician and to ahide by his/her	
that I have full knowledge of the risk involve	ek the advise of a competent physician and to abide by his/her and the contact sport, in weapons training, as an observer and the	advise. I attest and verify
<del>-</del>	ek the advise of a competent physician and to abide by his/her and in a contact sport, in weapons training, as an observer and the and/or seminars and/or personal training involved. I agree to tall	advise. I attest and verify at I am physically fit and
sufficiently able to participate in the classes	ed in a contact sport, in weapons training, as an observer and th	advise. I attest and verify at I am physically fit and ke NO VIDEOS during the
sufficiently able to participate in the classes seminar/training. As an observer/participant instructor(s). If under 18 years of age, this do	ed in a contact sport, in weapons training, as an observer and the and/or seminars and/or personal training involved. I agree to tall to the see/experience a compromising/dangerous situation, I agree ocument MUST also be signed by a parent or legal guardian. REG	advise. I attest and verify at I am physically fit and we NO VIDEOS during the to immediately inform © AD-
sufficiently able to participate in the classes seminar/training. As an observer/participant instructor(s). If under 18 years of age, this do	ed in a contact sport, in weapons training, as an observer and the and/or seminars and/or personal training involved. I agree to talk, if I see/experience a compromising/dangerous situation, I agree	advise. I attest and verify at I am physically fit and we NO VIDEOS during the to immediately inform © AD-
sufficiently able to participate in the classes seminar/training. As an observer/participant instructor(s). If under 18 years of age, this do	ed in a contact sport, in weapons training, as an observer and the and/or seminars and/or personal training involved. I agree to tall to the see/experience a compromising/dangerous situation, I agree ocument MUST also be signed by a parent or legal guardian. REG	advise. I attest and verify at I am physically fit and see NO VIDEOS during the see to immediately inform GISTRATION FORM © ADecadult in attendance."

"PRINT" PARENT / LEGAL GUARDIAN NAME