



KOBUDO SEMINAR

NOVEMBER 19, 2016
FORT WAYNE, INDIANA

ROBERT H. BOWLES

10TH DAN, SHURI-RYU
HANSHI, OKINAWAN KOBUDO
DIRECTOR, INTERNATIONAL SHURI-RYU ASSOCIATION



TRANSCEND YOUR
KOBUDO TRAINING
IN
BO
TONFA
NUNCHAKUN
UNDER
HANSHI BOWLES

WHERE :

2016 - I.S.A. KOBUDO SEMINAR
MASONIC TEMPLE
216 EAST WASHINGTON BLVD.
FORT WAYNE, INDIANA 46802

Register Now!

DATE / TIME :

SAT. NOV. 19, 2016 - 12:00 PM - 5:00 PM

ELIGIBILITY :

OPEN TO ALL RANKS

COST :

\$ 80.00 IN ADVANCE (FEE MUST BE RECEIVED BY 11/18 /16)
\$ 100.00 AT DOOR (CHECKS MAKE PAYABLE TO " I.S.A. ")

REGISTRATION :

PRE-REGISTER AT THE DOJOS | ON-LINE AT SHURI STORE:
PHONE: (260) 456-7788 | WWW.SHURI-RYU.COM
MAIL: 2721 S. CALHOUN, FORT WAYNE, IN 46802

NOVEMBER 19, 2016 - I.S.A. KOBUDO SEMINAR - REGISTRATION

NAME : _____ RANK : _____ AGE : _____

ISA# : _____ PHONE : _____

ADDRESS : _____ CITY : _____ STATE : _____ ZIP : _____

EMAIL : _____

REGISTRANT'S DOJO / INSTRUCTOR : _____

MAIL REGISTRATION TO : ROBERT BOWLES KARATE ACADEMY
2721 SOUTH CALHOUN STREET
FORT WAYNE, INDIANA 46807

- FOR "\$80.00 EARLY REGISTRATION FEE", REGISTRATION MUST BE RECEIVED WITH PAYMENT BY FRIDAY, NOVEMBER 18, 2016
- OR "\$100.00 REGISTRATION FEE" AT-DOOR ON NOVEMBER 19, 2016
- MAKE REGISTRATION FEE CHECK PAYABLE TO "I . S . A ."





2016 KOBUDO

PROMOTIONAL REVIEW



WHEN : **FRIDAY , NOVEMBER 18, 2016**
WHERE : **ROBERT BOWLES KARATE ACADEMY**
2721 SOUTH CALHOUN STREET
FORT WAYNE, INDIANA 46807
(260) 456-7788
TIME : **6:00 PM**

CERTIFICATION FEES

▪ **GAKUSEI** (ALL KYU RANKS) - \$ 75.00
▪ **GAKUSHA** (1ST & 2ND DAN) - \$150.00
▪ **TACHI** (3RD & 4TH DAN) - \$200.00
▪ **RENSHI** (5TH & 6TH DAN) - \$300.00
▪ **KYOSHI** (7TH & 8TH DAN) - \$300.00
▪ **HANSHI** (9TH & 10TH DAN) - \$300.00

CATEGORIES CONSIDERED

▪ *AGE*
▪ *TIME IN MARTIAL ARTS*
▪ *KNOWLEDGE OF WEAPONS* ▪ *MANIPULATION*
▪ *TRADITIONAL FORMS* ▪ *THEORY*
▪ *IMMOBILIZATION TECHNIQUES*
▪ *FORM REQUIREMENTS PER RANK*
▪ *WEAPONS REQUIREMENTS PER RANK*

NOVEMBER 18, 2016 - I.S.A. KOBUDO PROMOTIONAL REVIEW APPLICATION / REGISTRATION

NAME : _____ **RANK :** _____ **AGE :** _____

ISA# : _____ **PHONE :** _____

ADDRESS : _____ **CITY :** _____ **STATE :** _____ **ZIP :** _____

EMAIL : _____

APPLICANT'S KOBUDO INSTRUCTOR : _____

APPLICANT REVIEWING FOR THE TITLE OF : _____

▪ **MAIL REGISTRATION TO :** **ROBERT BOWLES KARATE ACADEMY**
2721 SOUTH CALHOUN STREET
FORT WAYNE, INDIANA 46807

▪ **REGISTRATION MUST BE RECEIVED BY : WEDNESDAY, NOVEMBER 16, 2016**

▪ **PROMOTIONAL FEE MAY BE PAID AT THE REVIEW.**

▪ **MAKE REGISTRATION FEE CHECK PAYABLE TO " I . S . A . "**

