

Spokane Judo

Nage No Kata Clinic

Spokane Judo Dojo
(spokanejudo.com)

Sanction # 16-03-09

Hosted at
Spokane Judo Club

500 S. Stone Street, Spokane WA 99202

Saturday, March 26, 2016

Senseis Mike and Delynn Purcell will lead a 1-day seminar on Judo's Nage No Kata. **All levels of Kata proficiency welcome** – whether to develop skills for black belt promotion requirements, to explore this popular kata for the first time, or further hone your Nage No Kata form for kata competition - this is a special one-day, in-depth event dedicated to the instruction and practice of Nage No Kata.

Eligibility: Must be a current member of the USJF, USJA or USA Judo **and** present card.

Schedule:

March 26th, 2016

➤ Saturday

- 8:30AM – 9:30AM Registration
- 9:30AM – 10:00AM Introductions, Warm-up, Ukemi
- 10:00AM – 12:00PM Instruction
- 12:00PM – 1:00PM Lunch
- 1:00PM – 3:00PM Instruction
- 3:00PM – 3:15PM Break
- 3:15PM – 5:00PM Instruction/Finish

Where:

Spokane Judo Club
500 S Stone
Spokane, WA 99202
<http://www.spokanejudo.com>

Cost:

\$30 per person (Includes Lunch)
\$5 discount per person for groups of three or more from any one dojo

Advanced registration is not required, but RSVP is appreciated

Please contact:

Brett Lewis (509) 995-6434
Email: brettlewis@brettlewis.us

Lodging:

Red Lion River Inn
700 N Division Street
Spokane, WA 99202
1-800-733-5466



Kata Clinic Registration Form

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Attendee Information

Name (PRINT)	
Rank	
Club	
<input type="checkbox"/> USJF <input type="checkbox"/> USA Judo	Member #
<input type="checkbox"/> USJA	Expiration Date (mm/dd/yyyy):
Address – STREET	
Address – CITY/STATE/ZIP	
email	
Special Needs If assistance/accommodation is needed (check off appropriate box): <input type="checkbox"/> Vision Loss/Blindness <input type="checkbox"/> Hearing Loss/Deafness Type of assistance/accommodation requested or name of person assisting: _____	

Parent/Legal Guardian Consent for Judoka under 18 years of Age:

I, the undersigned parent or legal guardian of the named student:

_____ (print student name)

Understand the method and risk of instruction for this referee clinic. I have agreed to allow my child to participate in this event.

_____ Date

Parent/Guardian Signature