

# ***Spokane Judo***

## ***Nage-no-kata Clinic***

**Spokane Judo Dojo**  
**(spokanejudo.com)**

Sanction # 18-11-08

Hosted at  
Spokane Judo Club

304 E. 2nd Ave, Spokane WA 99202

Saturday, Nov. 17, 2018

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:**

Nov. 17th, 2018

➤ 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  
304 E 2nd Ave  
Spokane, WA 99202  
<http://www.spokanejudo.com>

**Cost:**

\$25 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](mailto:brettlewis@brettlewis.us)

**Lodging:**

**Red Lion River Inn**  
700 N Division Street  
Spokane, WA 99202  
1-509-326-5577



## 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	
<b>Special Needs</b> 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 kata clinic. I have agreed to allow my child to participate in this event.

\_\_\_\_\_ Date

Parent/Guardian Signature