

# SENSEI SEIICHI FUJIWARA SEMINAR

## FEBRUARY 21 - 23<sup>RD</sup> 2014



**760 Halekauwila Street, 2nd floor  
Honolulu, Hawaii 96815**

**Friday, February 21st**

5:45~6:45 PM (Beginners/Novice)  
7:00~9:00 PM (Intermediate/Advanced)

**Saturday, February 22nd**

11:30~1:00 PM (Intermediate/Advanced)  
2:15~3:15 PM (Beginners/Novice)  
3:30~5:30 PM (Intermediate/Advanced)

**Sunday, February 23rd**

9:00~10:30 AM (Intermediate/Advanced)  
10:45~11:45 AM (Beginners/Novice)  
12:00~1:30 PM (Intermediate/Advanced)  
2:00 PM BBQ Party Location TBA

Sensei Fujiwara, 8th Dan is one of the finest Goju-Ryu masters in the world. Fujiwara Sensei was born in 1950, and has been an All Japan National Kata and Kumite Champion. He serves as a senior member of the Overseas Committee for the JKF Gojukai and is President of the Seiwa Kai International Goju Ryu Karatedo Association, one of the largest Goju-Ryu Karatedo Associations in the world. As of 2002, he had served for 15 years as a JKF Goju Kai Overseas Director.

**PRICE:** ONE CLASS \$40  
TWO CLASSES \$65  
THREE CLASSES \$80  
FOUR TO FIVE CLASSES \$100  
FAMILY DISCOUNT \$10 OFF

**APPLICATION FORM**

<b>NAME:</b>		<b>RANK:</b>		<b>PHONE:</b>	
<b>DOJO:</b>		<b>AMOUNT ENCLOSED:</b>		<b>\$</b>	

PLEASE CHECK EACH SEMINAR YOU WILL BE ATTENDING.

<b>SEMINAR(S) ATTENDING:</b>	Saturday 11:30-1:00 PM	Sunday 9:00-10:30 AM
Friday 5:45-6:45 PM	Saturday 2:15-3:15 PM	Sunday 10:45-11:45 PM
Friday 7:00 - 9:00 PM	Saturday 3:30-5:30 PM	Sunday 12:00-1:30 PM

**IF YOU ARE UNDER 18 YEARS OLD THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN.**

I, the undersigned, do hereby submit my application form with intent to train karate. I, the undersigned do hereby understand that physical contact between students, between students and instructors and rigorous exercises are involved in karate training. I, the undersigned, do hereby fully agree with my full liability for all damages, injuries (including death), or losses that I may sustain or incur while participating in karate and all events organized by Kachi Karate LLC. I, the undersigned, do hereby waive all claims against Robert Koncal, Kachi Karate Hawaii, Kachi Karate LLC and its instructors, employees, representatives, or volunteers from any injury (including death) resulting from any cause that I may sustain. I fully understand that any medical treatment given to me will be of a first-aid nature only.

Signature of student:	Date:
Signature of parent/guardian:	Date:

**For more information, please contact Sensei Robert (808)389-5258.**

**Please turn in the application form to your Sensei.**