# The International Headquarters of the

## Okinawa Kobudo Doushi Rensei-Kai®

——presents the 15th Annual———

# Kobudo Training & Priendship Gasshuku in Wisconsin

with Host Neil Stolsmark

Kokusai Honbu-cho OKDR®





#### TRAINING SCHEDULE

Thursday, October 3 - 6pm - 9pm Friday, October 4 - Training 9am - 4pm - Testing 4:30pm Saturday, October 5 - 9am - 4pm

We will be doing most of the training outside at Cutler Park.

The park is located behind the Waukesha dojo.

(There will also be some training at the Waukesha dojo.)

This event serves as the deadline for annual registration for individual memberships and dojo registrations.

\*Seminar fee does not include yearly membership fees.

### October 3-5, 2024



#### Best Western Waukesha Grand

2840 N Grandview Boulevard Pewaukee, Wisconsin 53072 (262)524-9300

www.bestwestern.com

www.okdr.org

262-544-4280

www.authenticancientarts.com

#### **REGISTRATION FORM**

Each participant and family member must fill out a Registration Form and a Release Form. Please print clearly and return both forms along with your payment. NO REFUNDS AFTER SEPTEMBER 1, 2024!

Name: _					
I am a:	☐ Adult Parti	cipant			
	☐ Junior Part	icipant (12 & under)			
ADULT PA	RTICIPANTS (A	.GE 13 AND UP):	By 9/1/24	AFTER 9/1/24	
				\$200	\$250
JUNIOR PARTICIPANTS:					
				\$125	\$150
	-	shirts are available for \$20.0 ed the size will default to an	· ·	er to receive a t-s	shirt you must purchas
$\square$ Child	Quantity	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Quantity	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XXXL Quantity
$\square$ Adult S	Quantity	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Quantity	\Backslash Adult	XXXXL Quantity
□ Adult M	Quantity	Adult XXL	Quantity	_	
T-SHIR	RT ORDEI	RS ARE DUE BY S	<i>EPTEMBI</i>	ER 1, 2024	
"OKDR® I	BANQUET": S	Saturday October 5, 2024			
	□ I am Atte	nding [Additional \$50 - non	-refundable]		
	☐ Special Di	0.2	retundate		
	•	<u> </u>			
		Gasshuku	\$		
		Event T-shirt	\$		
		"OKDR® Banquet	" \$ <u> </u>		
		Total enclosed	\$		
		AAA Au	NG PAYPAL ADD ompleted forms and pathentic Ancient Arts 1 369 W. Main St	ayment to:	OTAL

Waukesha, WI 53186 USA

### RELEASE FORM

Name:		Phone: ()
Address:		
City:	State/Province:	Zip/Postal Code
Country	Email Address:	
Age	Sex	
Okinawa Kobudo Doushi Rensei-kai® M	ember: Yes	No
Kobudo Sensei	Yo	our Rank
Please Read the following and sign:	OLSMI RENSE	
acknowledges that participation in this Kobu in injury to a participant. The participant he Friendship Gasshuku in Wisconsin", Auther Waukesha Grand, any of it's officers, agents,	do event is physical and preby waives any claim of atic Ancient Arts Karate a employees or any individuals.	raining & Friendship Gasshuku in Wisconsin"and participation in such competitions/seminar can result damages or injury against the "Kobudo Training & nd Kobudo Studios, Inc., the OKDR®, the Best Western dual connected with the "Kobudo Training & of whatever nature, resulting from participation.
I agree to adhere to:		
Moral personal behavior must be the	ne standard in camp.	
Participant's Signature or Parent's/Guard	lian's Signature	Date
NOTE: All minors, under 18 years of ago	e, MUST have the sign	ature of a parent/guardian.



# Okinawa Kobudo Doushi Rensei-Kai®

## **MEMBERSHIP RENEWAL**

### PLEASE PRINT NEATLY AND INCLUDE ALL INFORMATION

DATE OF APPLICATION:					
NAME:					
DATE OF BIRTH:					
NATIONALITY:	_ OKDR#				
ADDRESS:					
CITY: STATE/P	ROVINCE:				
ZIP/POSTAL CODE:	COUNTRY:				
TELEPHONE NUMBER:					
DOJO NAME & RYUHA:					
INSTRUCTOR'S NAME:					
BRANCH NAME:					
APPLICANT'S RANK IN KOBUDO:					
(CHECK ONE) THREE YEAR OPTION ONE YEAR OPTION ONE YEAR \$35.00 • THREE YEARS \$100 (US DOLLARS)					

MAILING ADDRESS/PAYABLE TO: AUTHENTIC ANCIENT ARTS 369 WEST MAIN STREET WAUKESHA, WI 53186 USA

If you are updating your photo please email it to Hanshi Neil Stolsmark at neil.stolsmark@att.net. Please be sure to label your file with your name.



# Okinawa Kobudo Doushi Rensei-Kai®

# **NEW MEMBER APPLICATION**

## PLEASE PRINT NEATLY AND INCLUDE ALL INFORMATION

DATE OF APPLICATION:				
NAME:				
DATE OF BIRTH:				
NATIONALITY:	OKDR#			
ADDRESS:				
CITY:	STATE/PROVINCE:			
ZIP/POSTAL CODE:	COUNTRY:			
TELEPHONE NUMBER:	EMAIL ADDRESS:			
DOJO NAME & RYUHA:				
INSTRUCTOR'S NAME:				
BRANCH NAME:				
APPLICANT'S RANK IN KOBUDO:				
(CHECK ONE) THREE YEAR OPTION ONE YEAR OPTION ONE YEAR \$35.00 • THREE YEARS \$100 (US DOLLARS)				

MAILING ADDRESS/PAYABLE TO: AUTHENTIC ANCIENT ARTS
369 WEST MAIN STREET
WAUKESHA, WI 53186 USA

Photo required to process application. Please email your photo to Hanshi Neil Stolsmark at neil.stolsmark@att.net. Please be sure to label your file with your name.