

27th ANNUAL MIDWEST KOBUDO GASSHUKU

LOCATION: Lincoln Martial Arts Center
4815 S. 14th Street, Suite D
Lincoln, NE 68512

DATES: October 18-20, 2024

HOST: Brad Siebler, sensei
Brian Gorman, sensei (Contact Person)
(402) 474-5425 dojo or (402) 417-9043 cell
Srsk-lincoln@outlook.com

INSTRUCTOR: Franco Sanguinetti, sensei (Karate: Hachidan/Kobudo: Kudan/ Iai-Do: Shodan). Trained in the martial arts for over fifty years. His Karate, Kobudo and Iai-Do background includes extensive training in Japan and Okinawa. Member of the Peruvian and Venezuelan National Karate Teams. Founder and Chief Instructor of the Bushikan Budo Kyokai and the Matayoshi Kobudo Kokokan International with the Honbu Dojo in San Diego. Instructor responsible for Kobudo in the Sho-Rei-Shobu-Kan Budo Organization. Member of the Board of Directors of Kobudo of the United States Karate Alliance.

PARTICIPANTS: Beginner, Intermediate, Advanced and Instructors

TIMES: Friday: October 18 7:00pm – 9:30pm
Saturday: October 19 9:00am – 5:00pm
Sunday: October 20 9:00am – 12:00noon

FEES: **Pre-Registration (Before October 12, 2024)**
Participant \$ 150.00

FEES ARE NOT REFUNDABLE.
After October 12, 2024 - \$25.00 late fee

TRAINING: Bo, Sai Tonfa, and Nunchaku * Bring your own
Eku, Kuwa & Nunti (Advanced) * Bring your own
EVERYONE WILL TRAIN WITH A WHITE BELT FRIDAY & SATURDAY! REMEMBER TO BRING ONE.

Kihon (Basic Techniques)
Kata (Forms) – Beg/Interm/Adv.
Kata Bunkai (Kata applications)
Kumi Waza (Sparring techniques)

CERTIFICATE: All Gasshuku participants will receive a certificate of completion.

WEAPONS: Everyone must provide their own weapons; *arrangements made in advance may be possible if you are not able to bring certain weapons.*

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LINCOLN, NEBRASKA
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Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Email _____

DoJo _____ Sensei _____

Days Attending _____ 10/18 _____ 10/19 _____ 10/20

Fees: Participant \$ _____ Late Fee \$ _____ Total \$ _____

Participant \$ 150.00

Late Fee \$ 25.00 (after October 12)

- **Make checks payable to: Lincoln Martial Arts Center**
- **PLEASE COMPLETE THIS FORM; RETURN FORM AND CHECK TO:**

**Lincoln Martial Arts Center
4815 S. 14th Street, Suite D
Lincoln, NE 68512**

Illness/Injuries? _____

Emergency Contact _____

Phone (____) _____

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WAIVER

By signing this waiver, I am stating that I have read it in its entirety and fully understand that training in this Gasshuku is a physical activity where injury and/or accidental death could occur. I indemnify and hold harmless Lincoln Martial Arts Center, Sho-Rei-Shobu-Kan Budo Organization, Matayoshi Kobudo Kodokan International, Bushikan Budo Kyokai, Franco Sanguinetti and/or guest instructors from any and all liability or injury that may occur as a result of my participation. I also understand that no medical, health, or life insurance of any kind is implied or provided, and that I am fully responsible for any and all costs that may be incurred as a result of injury or illness due to my participation in this training, as the techniques are considered dangerous. By signing, I am also making testimony that I am of sound mind and body. I promise to never use what is taught to me at this seminar to harm another person unjustifiably and I shall obey the rules and commands of the instructor at all times. By teaching these techniques, the instructors in no way acknowledge the competency level of any participant and are hereby held harmless from any and all vicarious liability.

Signature of Student or Parent/Guardian if under 18

Date