

HOKKA KATA CLINIC

HOSTED BY THE SACRAMENTO JUDO CLUB INC.

Your Judo Club is cordially invited to participate in the HOKKA KATA CLINIC hosted by the Sacramento Judo Club Judo Club. This clinic is open to all levels of judokas. We look forward in seeing you at the clinic.

CLINICIAN – Matsuo Mac Takeda 7 Dan

We will be going over the five sets of the Nage-No-Kata.

DATE: Saturday, May 30, 2009

TIMES: Registration: 11:30 am to 12::30 pm.
Clinic: 1:00 pm. to 4:00 pm

SANCTION: USJF Sanction # 09-05-18

LOCATION: Sacramento Judo Club, Inc.
2875 Fruitridge Road
Sacramento, California 95820
(916) 452-5836 dojo
(916) 893-7080 cell

ELIGIBILITY: This event is open to all USJF, USJA & USA Judo members. A current membership card or proof of registration from the USJF, USJA, or USA Judo will be required to participate and must be displayed to the registration personnel at the time that the contestant registers. Life Members must provide proof of insurance. If an individual cannot produce their current membership card or proof of current membership, they must purchase membership in order to participate. Responsibility for reimbursement of membership fees for those who have previously registered remains that of the individual.

ENTRY FEE: \$15.00

Make checks payable to Sacramento Judo Club, Inc.

CERTIFICATE: A certificate of participation will be issued.

INFORMATION: Contacts: Mac Takeda at 916-893-7080 (cell) or 916-445-3838 (w)
Email: mmtakeda@msn.com or mtakeda@cdpr.ca.gov

Age	Weight	Belt Color/Rank	Months/Years of Judo	Sex

Official Use Only • Please do not write in the section above.

Hokka Kata Clinic
at
Sacramento Judo Club, Inc.

Saturday, May 30, 2009
1:00 pm to 4:00 pm

OFFICIAL ENTRY FORM

NAME: _____
Last First MI

ADDRESS: _____
Number & Street City State Zip

JUDO RANK (Belt Color): _____ **Kyu:** _____ **Dan:** _____

NUMBER OF MONTHS / YEARS IN JUDO: _____

USJF# _____ **USJI#** _____ **USJA#** _____ **INSURANCE EXP. DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____ **WEIGHT:** _____ **SEX:** Male Female

EMERGENCY CONTACT: _____

ADDRESS: _____ **TELEPHONE#** _____

CLUB/DOJO NAME: _____

SENSEI/COACH: _____

