

*American Shotokan  
Karate Alliance  
invites you to attend the...*

## **Rick Hotton Karate Clinics**

**Saturday, October 22, 2016**

**Training Location:**  
Hardin Middle School  
1950 Elm, St. Charles, MO 63301



**Sensei Rick Hotton**, 5th Dan, is a 45 year veteran of karate-do and has been the chief instructor of West Wind Karate Dojo for the past 39 years. An innovative instructor, Hotton Sensei combines a mixture of classical training infused with Aiki principle to form a unique approach to Karate practice.

Morning Session: 10:30 a.m. – 12:30 p.m.  
Afternoon Session: 1:30 p.m. – 3:30 p.m.

### **Clinic Info**

- Sessions open to adults (age 16+) of all ranks and youth (ages 12-15) 6<sup>th</sup> kyu and above
- Price (through Oct. 10<sup>th</sup>): \$65 (USD) for one session  
\$80 (USD) for both sessions
  - After Oct. 10<sup>th</sup>, a \$5 (USD) late fee is applied to all applications.
  - Registration at the door accepted in USD cash only. Add \$10 fee.
- No spectators or cameras.

### **For more information contact:**

<b>Marilyn Hassell</b> Family Karate Center	<a href="mailto:MarilynHassell@yahoo.com">MarilynHassell@yahoo.com</a> 636-724-1966	Facebook: <a href="#">American Shotokan Karate Alliance</a>
<b>Chuck Kerrigan</b> Traditional Karate-Do Association	<a href="mailto:asksensei@tkapgh.com">asksensei@tkapgh.com</a>	Website: <a href="http://www.tkapgh.com">www.tkapgh.com</a> Facebook: <a href="#">Traditional Karate-do Association</a>

*Join us for dinner Saturday (10/22).  
Please let us know on your application so we can make appropriate reservations.*

**Payment**

- Check or Money Order (advance payment only)
  - Payable to: ASKA
  - Mail with application to: Family Karate Center, 1193 South Duchesne Dr., St. Charles, MO 63301
  - If you include your email address, we will send you a confirmation.
- Cash only at the door

**Cash (USD) only at door. Add \$10 fee.**  
 One student per application (feel free to copy).

Please print and return with check or money order. Make checks/money orders payable to ASKA. Mail to Family Karate Center, 1193 South Duchesne Dr., St. Charles, MO 63301

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Session(s) desired: (Please circle) Morning Afternoon Both Amount \_\_\_\_\_

Form of Payment enclosed (check one):  Check  Money Order

By signing below, I hereby agree to hold harmless the ASKA, LLC and Traditional Karate-do, Inc.(TKA), their instructors, members, and/or any others due to injury caused in connection with this clinic/training, while participating in, or while traveling to or from the event. I further state I am both physically and mentally fit and can participate in this class. I also hereby grant ASKA and TKA to use, without compensation to me, any photographs, digital images, or videotapes which are taken during the seminar.

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature of parent/guardian (if under 18)

**Saturday dinner reservations? (Please circle) Y N Number in party: \_\_\_\_\_**