

The First!

TAA EUROPE WEEKEND WORKSHOP

IWAMA-STYLE AIKIDO GASSHUKU

*Train with these **Terrific Instructors**:*

BILL WITT SHIHAN – 7th Dan
Sensei Tony Sargeant – 6th Dan
Sensei Wolfgang Baumgartner - 6th Dan
Sensei Paul McGlone 5th Dan
Sensei Axel Rabenhorst - 5th Dan
Sensei Rosmarie Herzig - 5th Dan
Sensei Carsten Mielke - 4th Dan
Sensei Birgid Eberhard 4th Dan
Sensei Jörg Herwig 4th Dan
Sensei Günter Hackmann 4th Dan



Photo: Stan Pratin

Friday - Sunday, September 17 – 19, 2010
€90 before August 27th, €120 fee thereafter (if space is available)

TENTATIVE WORKSHOP SCHEDULE:

Friday 7:00 PM – Sunday 1 PM
Berlin, Germany

Location:

Kampfsportschule Dento
Inh. Axel Rabenhorst
Goerzallee 190 / Platz des 4. Juli Nr. 26
14167 Berlin, Germany
<http://www.sportschule-dento.de/>

For more information look at

www.takemusu.org or www.aikidodojoberlin-karow.de on the web, email to
w.baumgartner@web.de
or call Wolfgang Baumgartner at +49 30 943 4059

Complimentary overnight **accommodations** available “on the mat”.

Bring Bokken, Jo, and good tidings.

More opportunities for accommodations:

VCH -Hotel Morgenland Finckensteinallee 23-27 12205 Berlin Tel:+49 30/ 84388979 E-Mail:
morgenland.berlin@ vch.de Internet:www.vch.de/morgenland.berlin

or

Apartmenthaus Drakestr.60 12205 Berlin Steglitz/Zehlendorf Tel:(0700Hotelnet) 070046835638

or

Hotel Unter den Eichen 89a 12205Berlin Steglitz/Zehlendorf (Buchungstelefon:0700 Hotelnet)
070046835638

or

Hotel Best Western Steglitz International Albrechtstr.2 12165 Berlin Steglitz, Tel: +49 30/790050

or

Hotel Pension Stefansen Machnowerstr.13A Steglitz/ Zehlendorf, Tel: +49 30/8156097

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TAA EUROPE WEEKEND WORKSHOP
IWAMA-STYLE AIKIDO GASSHUKU
(17-19 September2010)

Registration Form - Non-refundable Fee Must Accompany Registration

(please send to Wolfgang Baumgartner, Straße 47, Nr. 40 A, 13125 Berlin, Germany before Aug. 27 and pay to Wolfgang Baumgartner, account number 748 046 108, bank sort code 100 100 10, Postbank Berlin)

Name _____ Contact Telephone _____

Address _____ City, State _____

Zip _____ Aikido Rank _____

Home Dojo _____ Email Address _____

I am signing up for _____ (# of persons) for the weekend seminar @ €90 each = € _____

Names of other persons being registered for seminar _____

**PLEASE SUBMIT ONE SIGNED WAIVER FORM FOR EACH SEMINAR PARTICIPANT
READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY**

I, the undersigned guest of the TAKEMUSU AIKIDO ASSOCIATION and the Kampfsportschule Dento (hereafter called "Schools"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that any insurance that the Schools may carry may not cover injury. I do hereby hold the Schools, their instructors, employees, volunteers, and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages due to injuries suffered by me or caused to third parties by me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of the Schools or elsewhere, excepting only those claims, actions, or damages caused by the gross negligence or willful misconduct. I agree to abide by the rules of the Schools and to follow explicitly all instructions given by instructors during the course of my instruction. I agree not to bring or consume any alcoholic beverages or to have any open flames on Schools property and to clean up any trash generated during the weekend.

Date _____ Signature _____

If student is under eighteen (18) years of age, parent or guardian must sign here.

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Date _____ Signature _____