

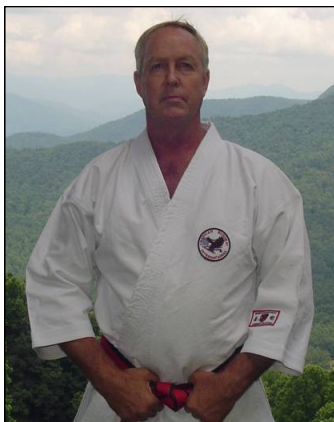
March

Warrior Spirit SEMINAR

**18th &
19th**

2016

O'Sensei Steve Roensch



O'Sensei Roensch holds an 10th Degree Black Belt *Shintoyoshin-Kai Jiu-Jitsu* and a 7th Degree Black Belt *Shuri-Ryu Karatedo*. He is the National Director of the *American Budokai Society* and founder of the *American Budokai International*. In 2003, O'Sensei earned his *Doctor of Oriental Medicine Degree*. He currently resides in Sarasota, Florida where he is the Dean of Clinical Studies & Orthopedic Medicine Instructor at the East West College of Natural Medicine.



Accommodations

The Hampton Inn (Atlanta)
1975 N. Druid Hills Road
Atlanta, Georgia 30329
Phone: (404)320-6600

Double Tree Hotel (Hilton)
2061 N. Druid Hills Road
Atlanta, Georgia 30329
Phone: (404)321-4174

Seminar Location

The Martial Arts Center

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**2947 C North Druid Hills Rd.**  
**Atlanta, Georgia 30329**

**404/315-1040**

**TMACenter.com:**  
for More Information

### Seminar Schedule

**Children: Sat. 10 AM – 12 PM**  
**Cost (Child) \$ 35 ~ Saturday**

**Adults: Friday 6 to 8 PM**  
**Saturday 1 to 5 PM**  
**Cost (Adult) \$ 35 ~ Friday Only**  
**\$ 60 ~ Saturday Only**  
**\$ 85 ~ Both Days**

**\$10 Discount for Active ABI Members**

**Pre-registration Recommended!**

## **Striking, Joint Locking, Forms of Self Defense & More...**

### Registration Form

(Please Submit Payment and Registration Form to The Martial Arts Center)

The undersigned hereby acknowledges the existence of certain risks in this type of training and agrees to assume all risks and responsibility. He/she further relieves The Martial Arts Center, Inc., Michael Hernandez, Steven Roensch, assigned instructors, and any other person or persons acting on their behalf, of all liability resulting from personal injury or loss of personal property. The undersigned further stipulates that he/she is physically sound and that he/she has medical approval to proceed with this type of training & will provide their own health/accident insurance. The undersigned agrees that this release shall remain in force indefinitely from the date above.

Name: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Student or (Parent/Guardian if under 18 Years of Age) \_\_\_\_\_