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HANSHI
MADANI

PALMER
SANCHEZ

KAMRAN
MADANI

JOANE
ORBON

31st Rocky Mountain

GASSHUKU

OCTOBER 3 - 5

KATA - KUMITE - SELF DEFENSE

2025 Rocky Mountain Gasshuku Schedule

Oct. 3-5, 2025 Louisville, CO.

Friday Oct. 3rd. 2025

4:30- 6:00 p.m.

IMA head instructors meeting (Full Gi)

6:30- 8:00 p.m.

Training for all groups at dojo

Saturday Oct.4th. 2025

8:30am

Meeting at the IMA Dojo

9:00-10:00 am

Beg/Nov training @ dojo

9:00-10:15 am

Int. Adv. @ LMS (across dojo)

10:30-11:30 am

Beg/Nov. training @ dojo

10:30-11 :45 am

Int. Adv. Training @ LMS

Group picture at LMS

12:00pm

Lunch break

12:15-2:00 pm

Beg./Nov. Training @ dojo

2: 15pm-3: 15pm

Int. Adv. Training @ LMS

2:15pm-3:30 pm

Black Belt Extravaganza

6:30-9:00 pm

Dinner Potluck

Sunday Oct.5th. 2024

9:00-10:00 a.m.

Kata agility training

10:00 - 11:00 a.m.

Kumite agility training

Rocky Mountain Gasshuku Registration Form

Please fill out this form and email jtte.info@imakarate.com

Method of payment:

Cash, Check, PayPal: fmadani@imakarate.com

Venmo: @intl_martialarts_assoc

Credit card: Fill out the info (below)

Please type or print clearly:

Last Name First name(s)

Address

City State Zip Code

Phone number () Age

Karate Rank Style/instructor's name

Dojo name / address

Email address:@.....

Do you require any medication or have any physical limitations? If yes,
please explain

Person to be contacted in case of an emergency:

Name Phone number ()

Relationship

In consideration for participation, training and instruction, the undersigned hereby specifically relieves, releases and discharges the International Martialarts Association (I.M.A.) and any person, firm, corporation or association from all liability or claims of whatever nature or kind which may arise in connection with the said participation, training or instruction.

Training Fee:

One person: \$250.00,

Two people*: \$330.00,

Three people*: \$410.00,

Four people*: \$480.00. (*Family Rate)

Number of attendees: Total: \$ _____

Method of Payment: __ Venmo __ PayPal

Credit card: _____

Exp. Date: SC.: zip code:

Registrant signature

Date

Parent or Guardian Signature (if under 18 year old)