

The DanZan Ryu Seifukujitsu Institute Healing Arts Award

Recipients of this award have shown by their actions and their dedication to uphold the highest ideals of Professor Okazaki's healing arts curricula. They have assiduously pursued the study of Seifukujitsu, employed its principles in the conduct of their training and promoted its growth and dissemination. Recipients of this award have freely and without reservation used their Seifukujitsu to help others. Recipients of this award are held in the highest regard by students, practitioners and senior instructors of DanZan Ryu Seifukujitsu and Healing Arts.

Before making a nomination please read the complete criteria to make sure the nominee and nominator are eligible. As a nominator, please include all available and pertinent contact information requested, so we may contact you if we have questions. If you have questions please call Ed Shatzen at (805) 376-1725, or send an email to: emshatzen@yahoo.com.

- All nominations must be done on the official ballot.
- All nominations must meet all criteria in the official guidelines.
- All nominations should be written legibly or, preferably, typed.
- Any nominations not meeting the preceding criteria may be discarded.

Criteria:

1. Except for those individuals listed in #2 below, any member of the AJJF or participant in a DZRSI program, is eligible to receive the award.
2. AJJF Professors and members of the DZRSI Standards Committee are not eligible to receive the award. Current members of the DZRSI Standards Committee include: Doug Musser (Chair), Cynthia Frueh, Prof Tom Ball, Prof Jane Carr, Prof Bob Hudson, and Prof Tom Ryan.
3. AJJF Yudansha and DZRSI Instructors, Assistant Instructors, and Aides may make nominations.

Award Nominations Ballot.

Send submission to:
DZRSI Administrator
c/o Ed Shatzen
79 Maynard Ave
Newbury Park, CA 91320-4259
emshatzen@yahoo.com

All nominations must be submitted in writing on the following ballot to the DanZan Ryu Seifukujitsu Institute Standards Committee by February 15, 2011.

I would like to nominate _____,
Nominee's Phone and/or _____
Email _____
Nominee's sensei or _____
DZRSI instructor _____
Nominee's school or _____
dojo, if applicable _____

Nominator Information

Name _____ Rank _____ AJJF # _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email Address _____

Nominator School Information

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Reason for nomination (use more paper as needed)

Large empty box for providing the reason for nomination.