



Hosted by Aikido of Arlington
and Northern Virginia Ki Aikido

PATRICIA HENDRICKS SHIHAN

Tai Sai Seminar

April 18 & 19, 2026

SCHEDULE Saturday, April 18: 10 AM – Noon & 2:30 – 4:30 PM Dan Testing at Noon
Special Keiko on Saturday: 4:45 – 5:45 PM – \$40 extra
Sunday, April 19: 9 AM – 1:30 PM
Bring Weapons Saturday Night Dinner at local restaurant (additional cost)

LOCATION Northern Virginia Ki Aikido, 2929-E Eskridge Rd, Fairfax, VA 22031

COST Both Days: \$150 (\$190 after April 3rd)
One Day: \$95 (\$120 after April 3rd)
One Session: \$55 (\$75 after April 3rd)

Note: Special Saturday Keiko, 4:45-5:45 PM, additional \$40 cost



Hendricks Shihan, a 7th dan, is the head of California Aikido Association (CAA) - Division 1. She has trained extensively with Saito Morihiro Shihan and holds the highest degree possible in Iwama Ryu Weapons System. We are honored to have her share her wisdom, energy, and friendship, once again.



Make checks payable to
Aikido of Arlington
← Zelle accepted



Mail To: Yvonne Thelwell
700 7th St., SW #402
Washington DC 20024

ON-LINE REGISTRATION: [HTTPS://FORM.JOTFORM.COM/260043754967060](https://form.jotform.com/260043754967060)

SEMINAR DETAILS AVAILABLE AT WWW.AIKIDOOFARLINGTON.COM



2025 VA Tai Sai
Seminar

April
26 & 27

合氣道



PATRICIA HENDRICKS SHIHAN Hotel Accommodations

SPRING IS A VERY BUSY TIME IN DC, SO NO HOTELS WERE WILLING TO ALLOW US TO BLOCK OUT A GROUP OF ROOMS. THE LIST BELOW INCLUDES THE HOTELS WITHIN A FEW MINUTE'S DRIVE FROM THE DOJO:

ARCHER HOTELS FALLS CHURCH

8296 GLASS ALLEY, FAIRFAX, VA 22031 / 571-327-2277

HOMEWOOD SUITES BY HILTON - FALLS CHURCH - I-495 @ RT. 50

8130 PORTER RD, FALLS CHURCH, VA 22042 / 703-560-6644

COURTYARD BY MARRIOTT DUNN LORING FAIRFAX

2722 GALLOWS RD, VIENNA, VA 22180 / 703-573-9555

RESIDENCE INN BY MARRIOTT FAIRFAX/MERRIFIELD

8125 GATEHOUSE RD, FALLS CHURCH, VA 22042 / 703-573-5200

EXTENDED STAY AMERICA - WASHINGTON D.C. - FALLS CHURCH – MERRIFIELD

8281 WILLOW OAKS CORPORATE DR, FAIRFAX, VA 22031 / 703-204-0088





Patricia Hendricks Shihan Seminar Registration Form

Name: _____

Address: _____

City State & Zip: _____

Phone No: _____ E-mail: _____

Dojo: _____ Rank: _____

Emergency Contact & Phone # _____

	SATURDAY & SUNDAY _____	SATURDAY ONLY _____	SUNDAY ONLY _____	Special Keiko _____
	<u>April 3, 2026 or Before</u>		<u>After April 3, 2026</u>	
Seminar Cost:	\$150 for Both Days		\$190 for Both Days	
	\$95 for One Day		\$120 for One Day	
	\$55 for One Session		\$75 for One Session	

Special Keiko - \$40 (Sat Evening 4:45 - 5:45 PM). Registration for special keiko can also be made at the seminar.

Please Make Check Payable to **Aikido of Arlington**.

Mailing Address: Yvonne Thelwell, 700 7th St., SW #402, Washington, DC 20024

On-line Registration is available at www.aikidoofarlington.com

Directions to dojo, transportation, etc, see <http://novakiaikido.org/>

Payment by
Zelle accepted
Aikido of Arlington

Aikido is a martial art and has certain inherent risks (bodily injury) that accompany the training in any martial arts system. It is recommended that one receive a medical examination before training in Aikido class. By signing this waiver, the participant agrees to assume full responsibility for themselves, and release Aikido of Arlington, Northern Virginia Ki Aikido, Pat Hendricks, employees, instructors, students, and staff from any liability for any and all injuries sustained while training in Aikido, or on the dojo grounds. The participant is urged not to try any technique, or exercise that they feel is too advanced for them to perform. The participant further agrees to act in a respectful and courteous manner at all times while in the school or on the premises. Aikido of Arlington and Northern Virginia Ki Aikido reserves the right to ask any participant or guest not obeying the rules of etiquette and/or safety regulations to leave the premises.

I, _____, have read this waiver in full and understand the risks involved in training in Aikido. I agree to obey all rules and regulations of the schools and by signature below, I agree to all terms and conditions contained in this waiver.

Signature & Date: _____

If applicant is under 18 years old, Parent or guardian must sign below

I, _____ (Parent or guardian) have read this waiver in full and understand the risks involved with training in Aikido. By signing below I agree to all terms and conditions contained in this waiver.

Signature & Date: _____