

# The Danzan Ryu Seifukujitsu Institute Healing Arts Award

Rev: 7/20

## Description

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The DZRSI Healing Arts Award is available to be awarded each year at convention to an individual who has demonstrated the criteria below.

## Award Criteria

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- Recipients of this award have shown, by their actions and their dedication, that they 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.

## Eligibility for the Award

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Any AJJF registrant is eligible to receive the award.

Those **NOT** eligible to receive the award:

- AJJF Professors
- Members of the DZRSI Standards Committee

## Nominations

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- Any AJJF registrant may make a nomination
- The DZRSI Standards Committee will consider all nominations and will decide who will receive the award, if any
- Submit using the electronic form online  
or

Print out this form and submit by email or USPS to:

[healingarts@ajjf.org](mailto:healingarts@ajjf.org)  
**DZRSI Records Administrator**  
**Ed Shatzen**  
**79 Maynard Ave**  
**Newbury Park, CA 91320-4259**

- Must be submitted by January 31 to be considered for that year's award at convention
- Nominations not meeting the criteria or eligibility will not be considered

If you have questions, please contact Ed Shatzen, DZRSI Records Administrator, at [healingarts@ajjf.org](mailto:healingarts@ajjf.org).

# The Danzan Ryu Seifukujitsu Institute Healing Arts Award

## Official Nomination Form

Submit nomination electronically at [healingarts@ajjf.org](mailto:healingarts@ajjf.org) or by USPS to:

DZRSI Records Administrator  
Ed Shatzen  
79 Maynard Ave  
Newbury Park, CA 91320-4259

### NOMINEE Information

Name \_\_\_\_\_ AJJF Rank \_\_\_\_\_ AJJF # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Nominee's Sensei or DZRSI Instructor \_\_\_\_\_

Nominee's AJJF Dojo or DZRSI Program, if applicable \_\_\_\_\_

### NOMINATOR Information

Name \_\_\_\_\_ AJJF Rank \_\_\_\_\_ AJJF # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

### REASON for the Nomination

Based on the Criteria for the Award, describe why you believe this nominee should receive the award. Please be as specific:

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