

February 10, 2009

Dear Kenshi:

We are happy to invite for the 21st you Annual Cleveland Kendo Tournament / Greater Northeastern United States Kendo Championships on April 18, 2009 at Adelbert Gymnasium at Case Western Reserve University in Cleveland, OH. We celebrated the 20th year anniversary last year, and we hope that this will be the new invigorated beginning for this annual tradition. We are happy to announce that Murakami Sensei, the president of the All United States Kendo Federation, will be attending this year's tournament. Also we are planning to do a short seminar for those who are going to take promotion tests Friday evening.

Attached please find invitations for the 21st Annual Cleveland Kendo Tournament. We are processing applications the same way as last year. **Please ensure that each participant in your team is aware of the following.**

1. Please assign a team representative as a contact person. Duties include:

Each representative is required to **report to a tournament registration desk at Adelbert Gym the night before the tournament to check in all members of your team**, and to inform the registration desk if there happen to be any changes in the composition of your team (absent or additional members, et cetera). For each group arriving in Cleveland Saturday morning (April 18th), the group representative is required to report to the registration desk at Adelbert Gymnasium at 7:30 am. The representative serves as the **primary contact** for your team. Thus, we may contact you while processing applications before and throughout the tournament. Each team representative is **encouraged to send individual applications as one package as a team** by the due date.

Please complete competitors entry list, send it along with applications.

2. We will be processing tournament applications and kendo promotion testing applications **in different locations by different due date** this year. Please refer to the invitation documents for specific instructions regarding the tournament applications and exam applications.

Mail to Dr. Tsuyoshi Inoshita: Tournament applications and the tournament registration fees. Due postmarked by 4/6/2009 (Monday)

Mail to Ms. Isabella Church: Kendo promotion applications, fees, and materials related to the examination. Due 4/6/2009 (Monday)

3. **The hotel location will be the same as last year.** We have reserved a block of rooms at the **Cleveland Clinic Guest House**, which is relatively close to Adelbert Gymnasium. It is approximately a **15 to 20 minute walk**. Please refer to the invitation documents for more detailed information.
4. Please join us for the **Godo Keiko** (general practice), which will be held at Adelbert Gymnasium the night before the tournament, 5:15 PM – 7:30 PM **Friday, April 17, 2009. Immediately following this (or concurrently if necessary)** we would like to have a **PROMOTION TEST SEMINAR** (practice testing followed by individual critiques) for those planning to take promotion tests for an hour. This will be followed by a dinner at THE PRACTICE SITE (Adelbert Gymnasium) until 12:00 midnight.. The cost for the dinner (which will start after the godo keiko/seminar) will be \$12 per person (\$8 for 12 years old and younger). No alcohol will be served.

5. The site of the banquet on Saturday April 18, 2009 will be also at Adelbert Gymnasium. The cost will be \$20 (including alcohol) per person (21 years and older). \$10 for 12 years old and younger, and \$15 for 13 and 20 years old. This will start immediately after the tournament and end at 12 midnight.
6. We will have the second kendo seminar and Godo Keiko (general practice) 9:00 AM – 10:30 AM, followed by GNEUSKF promotion examinations (kyu – 4dan), starting at 11:00 AM on Sunday, April 19, 2009. Time permitting, practice can be continued at the gym afterwards (The gym will be rented until 6:00 PM).
7. You are **strongly encouraged** to send all materials by the due dates to the appropriate addresses in order to expedite the application process.
8. (\$12 each) as they have done before. We appreciate it very much if you could include the Case Western Reserve University Kendo Club students are planning to prepare T-Shirt order of your T-shirt (number and size). You do NOT need to send checks. Please pay for T-shirt when you buy it. You will not be committed to buy the t-shirts – this is for information only.

Thank you for your cooperation, and we are looking forward to seeing you in Cleveland this April.

PS: Please feel free to pass this information around. In addition, please discard if you have already received this message.

Sincerely,

T. Inoshita, M.D.

Tournament Committee Chair

President, Greater Northeastern United States Kendo Federation

TWENTY-FIRST CLEVELAND KENDO TOURNAMENT
GREATER NORTHEASTERN UNITED STATES KENDOFEDERATION
CHAMPIONSHIPS

I. TOURNAMENT INFORMATION

TIME: 8:00AM, SATURDAY, APRIL 18, 2009
Gym opens at 7 am.

PLACE: CASE Western Reserve UNIVERSITY- ADELBERT GYMNASIUM
2106 ADELBERT RD. CLEVELAND, OH 44106

DIVISIONS: JUNIOR A (UP TO 12 YEARS OLD)
JUNIOR B (13 – 15 YEARS OLD)
JUNIOR C (16 – 18 YEARS OLD)
MUDANSHA
SHODAN AND NIDAN
SANDAN AND ABOVE
WOMEN
TEAM (5 PERSON TEAM)

REGISTRATION **\$30.00 TOURNAMENT FEE (including godo practice on April 17 and 18)**
\$10.00 BENTO LUNCH (April 5, Saturday) - shimpans exempted
\$12.00 DINNER after Joint Practice (\$8 under 13 yrs old) (Friday April 17)
\$20.00 BANQUET FEE (\$15 13-20 years old, \$12 UNDER 13 YEARS OLD)
(Saturday April 18)

INSTRUCTIONS FOR TOURNAMENT REGISTRATION

1. Please pay registration fee **in advance**. Please make your checks payable to “**CLEVELAND KENDO ASSOCIATION**” for fees associated with registrations (e.g. **tournament fee, bento lunch, and banquet fee**). Staple your check to the assigned space on the tournament application.

2. **Please assign one representative from each club/dojo as a contact person /renraku kakari.** We may contact the representative if we have any questions during the application process about your team members. The club/dojo representative is *strongly encouraged* to send individual applications, fees, and a competitors list **all in the same package as a club.** Also, each club/dojo representative is responsible for reporting to the tournament registration desk before the tournament to check in all competitors from your dojo. For each group arriving in Cleveland Saturday morning (April 18th), the group representative is required to report to the registration desk at Adelbert Gymnasium at 7:30 am.
3. Please provide the **exact number** of box lunches (bento) needed. **Lunches will be free** for those who **volunteer as referees** (3dan and above) at the tournament.
4. Please make sure that every participant **signs under “waver of liability” on the** registration paper.

Please send all correspondence related to the tournament to the following address:

MAIL TO: Tsuyoshi Inoshita, M.D.

916 11th Street,

Portsmouth, OH 45662

E-mail: pcancer@zoomnet.net

DEAD LINE: Postmarked by Monday April 6, 2009 (NO EXCEPTION)

II. PROMOTION TESTING INFORMATION

TIME: 11:00am, Sunday, April 19, 2009

Gym opens at 7am. Godo keiko will precede the shinsa (promotion test).

PLACE: Case Western Reserve University - Adelbert Gymnasium
2106 Adelbert Road. Cleveland, OH 44106

EXAM FEE: \$20

MENJO FEE: Refers to Menjo fee chart on the exam application

INSTRUCTIONS FOR PROMOTION EXAM APPLICATION

1. Please pay exam fee and menjo fee (make separate checks) **in advance**. Please make both the **exam fee check and menjo fee check payable to GNEUSKF**. The menjo fee check will be voided if the applicant does not pass the promotion exam. In addition, **menjo will not be requested** if menjo fee is not paid in advance.
2. Please make separate checks for exam fee and menjo fee, and attach each check to the assigned space on the application form.
3. A club/dojo representative is ***strongly encouraged*** to send individual applications and fees associated with promotion testing **all in the same package as a club**. **Documents associated with testing are the following.**
 - a) GNEUSKF Kendo examination application form. Please note that the menjo application is on the same paper.
 - b) A photocopy of your current rank menjo.
 - c) Fees for exam and menjo.
 - d) Essay answers: Please send them **in advance** with your exam/menjo application form.
4. Please provide the sensei's signature on your Kendo Examination Form.
5. If you are a member of a different regional federation, you will need to obtain approval from the president of your regional federation.
6. Please provide the sensei's mailing address on the menjo application. We are going to send all menjos at one time to the dojo sensei's address.

Please send all correspondence relating to promotion testing to the following address:

MAIL TO: Ms. Isabella Church

330 Judge's Lane,
North Plainfield, NJ 07063
E-mail: Bchurch@kendoka.orgbcv

DEADLINE - post marked by Monday April 6 2009 (NO EXCEPTION)

III. ACCOMMODATIONS

HOTEL: CLEVELAND CLINIC GUEST HOUSE
9601 Euclid Ave., Cleveland, OH 44116

RATES: \$89 per room (group reservation rate)

ROOM TYPE: Two double beds per room. Each room can host up to 4 adults.

RESERVATION PROCEDURES: Reservations will be made by individuals directly with Hotel Reservations Department. Please call the Reservation Department at **(216) 707-4000** or toll free **(877) 707-8999**. **Please provide group name "Greater North Eastern United States Kendo Federation (GNEUSKF) in order to receive the group reservation rate.**

RESERVATION DATE: Please make a reservation by **March 17, 2009** in order to receive group reservation rate. Cancellation fee will not be charged if you cancel before 4 pm of the expected arrival date. If rooms are available, you may receive the group discount after March 17 - but please try to reserve your room **by March 17**.

BREAKFAST: The breakfast is **NOT** included with the room rate. The Continental Breakfast at North Coast Café is \$12.95 per guest, or you can order off the ala carte menu. For those who wish to have low-priced breakfast, there is a Burger King, which is located about one block from the hotel. *(Pizza info was deleted)* Cleveland Kendo Association will also prepare ANPAN (bread with sweet red beans Inside) for \$1 in the gym for those who could not have breakfast.

CHECK-IN TIME: 3:00 pm on the day of arrival. If early arrivals are necessary, please let the hotel know in advance.

CHECKOUT TIME: 12 noon on the day of departure. If late departures are necessary, please let hotel know in advance.

CANCELLATION: Individual reservations must be canceled by 4:00 pm the day prior to arrival to avoid a no-show charge.

PARKING: Free at the hotel parking.

SMOKING POLICY: Cleveland Clinic Guest House is a non-smoking facility.

OTHER INFORMATION AROUND THE HOTEL:

The hotel is very close to a small shopping center that has a grocery store and a drug store (RITE AID)

The hotel is next to the Health Science Museum and close to the Cleveland Art Museum. If you bring your guests, they can enjoy these museums. Severance Hall where the famous Cleveland Orchestra performs is also located very close (on the same campus), and your guests can enjoy classical music performances on Friday nights.

The hotel and the gym are very close to each other. The distance between the hotel and the gym is approximately 0.8 mile. It is approximately a 15 to 20 minute walk.

Maps and directions: <http://www.clevelandclinic.org/maps/campusmap.pdf>

IV. GODO KEIKO (GENERAL PRACTICE) / SEMINAR

We will have two godo keiko and a promotion test seminar

GODO KEIKO 1:

TIME: FROM 5:15 PM TO 7:30 PM FRIDAY, APRIL 17, 2009

Gym opens at 5:00pm.

PROMOTION TEST (SHINSA) SEMINAR

TIME: FROM 7:30 TO 9:00 PM FRIDAY, APRIL 17, 2009

GODO KEIKO 2:

TIME: FROM 9:00 AM TO 11:00 AM SUNDAY, APRIL 19, 2009.

Gym opens at 7:00am and it is reserved until 6:00 pm.

PLACE: ADELBERT GYMNASIUM 2106 Adelbert Road. Cleveland, OH

PARKING: Parking structure (Lot 53) is next to Adelbert Gym. It is \$1/hr, maximum up to \$8. Please have cash available. **NO** shuttles will be provided for Godo Keiko.

A dinner will be provided after the Godo Keiko / Seminar at the same location

Cost: \$12 for adults, \$8 for 12 years and younger

V. BANQUET

TIME: AFTER THE COMPLETION OF TOURNAMENT SATURDAY, APRIL 18, 2009
reserved until midnight)

(it is

PLACE: ADELBERT GYMNASIUM

**FEES: \$20 EACH FOR ADULTS, \$15 13 - 20 YEARS OLD, \$12 FOR CHILDREN
12 YEARS AND YOUNGER**

FOOD: Subs, Pizza, Chinese food, vegetable sticks, fruits, Ice cream, etc. alcohol (sake, wine, beer) will be Included.

VI. BENTO

PRICE: \$10 each and includes a bottle of water.

BENTO: Bento consists of the following dishes: Big chicken katsu, roasted salmon, potato salad, vegetable salad with special dressing, tsukemono, and white rice. There will be no pork or beef dishes. Bento will be prepared by "Pacific East Restaurant," the most popular Japanese restaurant in Cleveland area. Excellent quality

bento!

*** We are planning to prepare small snack in the morning of April 18 (Saturday) and 19 (Sunday), for those who miss breakfast. Please have cash available if you wish to purchase it.*

VII. PARKING

At Cleveland Clinic Guest House (hotel): Free at hotel parking.

At Adelbert Gym: Parking structure (Lot 53) is located next to the gym. It is \$1/hr, maximum up to \$8. Please have cash available.

VIII. TRANSPORTATION

SHIMA LIMOUSINE:

BETWEEN THE AIRPORT AND THE HOTEL: Please use "Shima Limousine" TEL: 216-481-1888.

BETWEEN THE GYM AFTER THE SHINSA AND AIRPORT ON SUNDAY,
4/19, 2009: Please also use "Shima Limousine" TEL: 216-481-1888.

PRICE: \$55/Van (10 people with bags) between airport and the hotel. It means \$6 per person for one way. *Please mention that you are in the KENDO GROUP going to the CLEVELAND CLINIC GUEST HOUSE.* They can arrange the departure time at the airport (upon arrival) and Case Western Reserve University Gym (upon departure). **We strongly recommend for you to contact "Shima Limousine" 2 days in advance before your arrival.**

SHUTTLE:

BETWEEN THE HOTEL AND THE GYM: There will be no shuttle this year. Please use your own vehicles for transportation between the hotel and Adelbert Gym. You can walk - it will be a 15-20 min walk.

IX. INTERNET ACCESS

Internet Access: The entire campus of Case Western Reserve University, including Adelbert gym, has **FREE** wireless Internet access. Please feel free to bring your own laptop computer with wireless Internet capability.

X. QUESTIONS

CONTACT: Tsuyoshi Inoshita M.D.
740-353-4884 (work)
740-354-7523 (answering service)
740-352-2718 (cell phone)
740-353-8798 (Fax)
E-mail: pcancer@zoomnet.net

Information regarding the tournament, examination, and forms are also available at www.ClevelandKendo.com. Click on "tournament info".



TOURNAMENT REGISTRATION FORM
21TH ANNUAL CLEVELAND KENDO TOURNAMENT
GREATER NORTHEASTERN US KENDO FEDERATION CHAMPIONSHIPS

I. PARTICIPANT'S INFORMATION

Please type or print clearly

NAME _____ **AGE** _____ **RANK** _____

Kyu / Dan

(Last)

(First)

(M.I.)

ADDRESS

CITY _____ **STATE** _____ **ZIP**
CODE _____

E-MAIL _____ **CELL**
PHONE _____

CLUB NAME _____ **GENDER** _____ **M**
/ _____ **F**

EXPECTED DATE OF ARRIVAL TO CLEVELAND (Circle one) 4/16 (FRI)
4/17(SAT)

PLEASE CHECK THE BOX IF YOU ARE THE TEAM CONTACT →

II. PARTICIPATING DIVISIONS

Please check all that apply



- MUDANSHA JUNIOR A JUNIOR B JUNIOR C
 WOMEN 1D & 2D 3D & UP TEAM

III. WAIVER OF LIABILITY

Please read the box below and provide individual signature

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, wave, release, and forever discharge any claims for damages which I may incur, or which may hereafter accrue to me against Case Western Reserve University, Case Western Reserve Kendo Club, Cleveland Kendo Association, and Great Lakes Kendo Federation for all, or any damages which may be sustained or suffered by me in connection with my participation in, or arising out of transportation to and back from the above tournament held at the Adelbert Gymnasium of the Case Western Reserve University in Cleveland, OH, and where the contestant is a minor, I, the parent or guardian, do agree to the above waiver and give permission to the tournament officials to seek medical attention for the contestant in the event of sickness or injury.

SIGNATURE _____ DATE _____

IV. TOURNAMENT REGISTRATION FEES

Please make a check payable to "CLEVELAND KENDO ASSOCIATION"

NUMBERS

FEES

- | | | |
|----------------|--------|---|
| | () | TOURNAMENT FEE |
| \$30.00 | | |
| | () | FRIDAY DINNER (AFTER PRACTICE) |
| \$12.00 | | |
| | () | FRIDAY DINNER (CHILDREN 13 years and under) |
| \$ 8.00 | | |
| | () | BENTO LUNCH |
| \$10.00 | | |
| | () | BENTO LUNCH (VOLUNTEER as a REFEREE: 3dan & up) |

STAPLE REGISTRATION FEE CHECK HERE

PAGE ____ OF ____
21ST ANNUAL CLEVELAND KENDO TOURNAMENT
GREATER NORTHEASTERN US KENDO FEDERATION CHAMPIONSHIPS

COMPETITORS ENTRY LIST

****If you are a dojo representative, please fill in this form and send it along with individual forms and fees for the tournament.**

CLUB NAME **be listed on the tournament program**

CLUB CONTACT NAME _____

CLUB CONTACT E-MAIL _____

COMPETITORS

	NAME (indicate women) # of BENTO # of BANQUET	AGE	RANK	TEAM (A -D)	PARTICIPATING DIVISION *indicate *indicate age referee 13 & under
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____ _____ _____
3.	_____	_____	_____	_____	_____ _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

PAGE ____ OF ____

CLUB/DOJO NAME

COMPETITORS

NAME (indicate women)	AGE	RANK	TEAM (A -D)	PARTICIPATING
# of BENTO # of BANQUET				DIVISION
				*indicate *indicate
				age

referee	13 & under				
16.	_____	_____	_____	_____	_____
	_____	_____			
17.	_____	_____	_____	_____	_____
	_____	_____			
18.	_____	_____	_____	_____	_____
	_____	_____			
19.	_____	_____	_____	_____	_____
	_____	_____			
20.	_____	_____	_____	_____	_____
	_____	_____			

GRAND TOTAL: NUMBER OF PARTICIPANTS:
 NUMBER OF FRIDAY DINNER:
 NUMBER OF FRIDAY DINNER (AGE UNDER 13):
 NUMBER OF BENTO:

NUMBER OF BENTO (REFEREE):

NUMBER OF BANQUET (21 AND OLDER):

NUMBER OF BANQUET (13 – 20 YEARS OLD)

NUMBER OF BANQUET (UNDER 13 YEARS OLD):

ADDITIONAL INFORMATION FOR **T-SHIRT** REQUEST:

THIS IS FOR INFORMATION ONLY – YOU CAN CHANGE YOUR MIND, AND THERE WILL BE NO OBLIGATION.

WE NEED TO KNOW THE APPROXIMATELY NUMBER BEFOREHANE.

XS =

S=

M=

L=

XL=



GREATER NORTHEASTERN US KENDO FEDERATION

The regional federation

of

All United States Kendo Federation

KENDO EXAMINATION APPLICATION FORM

Date _____ / _____ / _____ Exam Date _____ / _____ / _____ Requesting
Rank _____ (Kyu / Dan)

Name _____

(Last) _____ (First) _____ (M.I) _____ **Regional Kendo**
Federation

Address _____
_____ (Street) _____ **AUSKF ID Number**

_____ (City) _____ (State) _____ (Zip)

Phone _____ Cell _____

Date of Birth _____ / _____ / _____ Age at time of testing _____ E-
Mail _____

STAPLE TEST FEE CHECK HERE

Present Rank _____ A copy of your current rank menjo: Please send it along with the exam application form.

(Kyu/Dan)

List any handicaps, injuries etc:

(Signature of Applicant)

(Date)

(Instructor's Signature)

(Date)

(Signature of Regional President) ****required only for non-GNEUSKF member****

(Date)

MENJO APPLICATION

STAPLE MENJO FEE CHECK HERE

MENJO FEE CHART

English only

Kyu	
17yrs & Under	\$10
18yrs & Over	\$20
.....	
1 Dan	\$30
2 Dan	\$40
3 Dan	\$60
4 Dan	\$80

According to the new AUSKF regulation, all the menjos will be in English only

LAST _____ FIRST _____

DOJO SENSEI'S NAME

Print

MENJO MAILING ADDRESS: Please provide one address for each dojo since we will send all menjos in one time. We prefer sensei's address.

(Street)

1. Please pay exam & menjo fee **in advance**.
2. Please make **separate checks** for exam fee

and menjo fee.

(City)

(State)

(Zip)

3. Please make both exam & menjo checks payable to **GNEUSKF**.
4. Menjo check will be voided if the applicant do not pass the test.
5. **Exam fee is \$20**
6. Please send your essay with this application form
7. Menjo **will not be requested** if menjo fee was not paid in advance.
8. Please send a copy of your current rank menjo.

EXAM APPLICATION, FEES & ESSAYS
MAIL TO: Ms. Isabella Church
330 Judge's Lane,
North Plainfield, NJ 07063
E-mail: Bchurch@kendoka.org
DEADLINE- postmarked by April 6th, 2009
NO EXCEPTION

GNEUSKF PROMOTION TESTING

I. ESSAY QUESTIONS

Instruction:

1. Please state your **dojo name**, **your name** and **the rank you are testing** on your essay.
2. Typing your document is strongly encouraged.
3. Please provide thorough answers to your question. If your answer consists on only few sentences, the essay will not be accepted.
4. Please mail your essay to Ms. Isabella Church along with the exam application form.

Mail to: Ms. Isabella Church
330 Judge's Lane
North Plainfield, NJ 07063

Questions:

1 Kyu- Describe some benefits of "kirikaeshi"

1 Dan- Describe "ki-ken-tai-ichi (concentrate of mind, sword and body)"

2 Dan- Describe 4 types of kendo sickness

3 Dan- Describe the elements of "yuko datotsu (effective strikes)"

4 Dan- Choose one

- (i) Describe how you, as a future kendo leader in the United States, would like to contribute to kendo in the USA
- (ii) Describe how you would like to contribute to the globalization of kendo

II. KATA & JITSUGI

<i>Examination Rank</i>	<i>Examination Criteria</i>
<i>6 KYU ~ 2 KYU</i>	<i>Kirikaeshi, Menuchi</i>
<i>1 KYU</i>	<i>Keiko(matches) Kata 1~3 Essay Questions</i>
<i>1 DAN</i>	<i>Keiko (matches) Kata 1~5 Essay Questions</i>
<i>2 DAN</i>	<i>Keiko (matches) Kata 1~7 Essay Questions</i>
<i>3 DAN</i>	<i>Keiko (matches) Kata 1~7 & Kodachi kata 1~3 Essay Questions</i>
<i>4 DAN</i>	<i>Keiko (matches) Kata 1~7 & Kodachi kata 1~3 Essay Questions</i>