

## IAIDO seminar in Cleveland after 21st Cleveland Kendo Taikai.

Dear Kenshi,

It is my great pleasure to announce a special IAIDO seminar in Cleveland between 2:00 – 6:00 PM on Sunday, April 19, 2009.

Arthur Murakami sensei (President of All United States Kendo Federation (AUSKF)) and Shozo Kato sensei (Kyoshi 7 dan Kendo, Kyoshi 7 dan IAIDO), a member of the laido committee of AUSKF, will give us an IAIDO lecture and training. This IAIDO seminar is intended to give IAIDO instructions based on the All Japan Kendo Federation IAIDO to enthusiasts in Midwest (KY, MI, IL, IN, WI etc) and other regions as well as in the geographic area covered by GNEUSKF. Depending on the success of this venture, GNEUSKF may consider hosting annual IAIDO seminars in conjunction with its annual kendo tournaments in the future. Please distribute this information to your friends who are interested in IAIDO. This seminar is sanctioned by AUSKF laido Committee and is a GNEUSKF/ AUSKF event, and, therefore, the potential attendant must be an AUSKF member or must apply for memberships to AUSKF prior to the seminar. If you are not an AUSKF member, please contact your Dojo sensei or your local federation representatives.

Sincerely,

T Inoshita,  
President of GNEUSKF

### **Announcement**

Name: **Cleveland IAIDO seminar**

Date: **April 19 (Sunday) 2 pm- 6 pm (after Kendo Promotion test).**

Place: **Case Western Reserve University, Adelbert Gym.**

Address: 10900 Euclid Avenue, Cleveland, OH, 44106.

**Fee: \$10 (please prepare a check payable to GNEUSKF).**

#### **Hotel Information:**

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 should 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.

#### **Dinner:**

Not yet planned, but there is a chance to have dinner with Murakami sensei and Kato sensei in a Japanese restaurant close to the Gym on Sunday so that IAIDO students can have more interactions with IAIDO senseis

Please contact if you have any questions to: [shigemi11@yahoo.com](mailto:shigemi11@yahoo.com) (Shigemi Matsuyama).



**IAIDO SEMINAR REGISTRATION**  
**2:00 – 6:00 PM, Sunday, April 19, 2009**  
**in conjunction with**  
**21<sup>TH</sup> ANNUAL CLEVELAND KENDO TOURNAMENT**  
**GREATER NORTHEASTERN US KENDO FEDERATION CHAMPIONSHIPS**

**PARTICIPANT'S INFORMATION**

*Please type or print clearly*

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
 (Last) (First) (M.I.)  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**CLUB NAME** \_\_\_\_\_ **GENDER** M / F  
**MEMBER FEDERATION** \_\_\_\_\_

Iaido experience Rank \_\_\_\_\_ Where obtained \_\_\_\_\_ When obtained \_\_\_\_\_

History

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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 Greater Northeastern US 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** \_\_\_\_\_

**Please enclose a check for \$10.00 payable to Greater Northeastern Kendo Federation**

**MAIL TO: TSUYOSHI INOSHITA, M.D**  
**916 11<sup>TH</sup> STREET, PORTSMOUTH, OH 45662**  
**DEADLINE- POSTMARKED BY APRIL 20TH, 2009 (MONDAY)**