

Fourth Annual Iaido Seminar in Cleveland after the 24th Cleveland Kendo Taikai.

Dear Kenshi:

It is my great pleasure to announce fourth annual IAIDO seminar in Cleveland between 2:00 – 6:00 PM on Sunday, April 1, 2012.

At this point we have not confirmed the instructor for the seminar. In the worst case scenario, we will have at least a godo practice of iaido. Cleveland Iaido Club members, including one 4dan iaido-ka and three Iaido 3 dan Iaido-ka, will come to practice with you. Even if you are a beginner, you can expect advices from these Iaido-ka.

Sincerely,
T. Inoshita,
President of GNEUSKF

Announcement

Name: **Cleveland IAIDO seminar**

Date: **April 1, 2012 (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: Individuals should make reservations 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.

If you have any questions, please contact Dr. Shigemi Mastuyama at
shigemi11@yahoo.com



FOURTH IAIDO SEMINAR REGISTRATION

2:00 – 6:00 PM, Sunday, April 1, 2012

in conjunction with

24TH 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 _____ **AUSKF ID NUMBER** _____

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, waive, 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 11TH STREET, PORTSMOUTH, OH 45662
DEADLINE- POSTMARKED BY MARCH 19 (MONDAY)