

# KOYASAN BEIKOKU BETSUIN OF LOS ANGELES

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## 星まつり 祈禱 申し込み用紙 2025 YAKUBARAI HOSHIMATSURI APPLICATION FORM

Please send in your application to the Temple by Wednesday, January 22, 2025. The Yakubarai Hoshimatsuri Goma Service will be held on Sunday, February 2, 2025, at 1:30 P.M.

**Minimum donations** are \$10 for Individual Paper Ofuda per person; \$50 for Individual Wooden Ofuda per person; \$100 for Family Wooden Ofuda (max. 5 names) per family; and \$300 for Large Family Wooden Ofuda (max. 15 names). Ofudas may be picked up in-person after the conclusion of the Hoshimatsuri Goma Service. For Mailing, please include postage (min. Flat \$1, min. Bulk \$6).

**Make check payable to “Koyasan Beikoku Betsuin of L.A.”**

Please **print** name and information of applicant and sub-applicant(s) clearly.

お申し込み〆切りは2025年1月22日(水)、星まつりご祈禱会は2025年2月2日(日)午後1時30分からです。

星まつり紙の祈禱札は お一人様 \$10以上 木製の祈禱札はお一人様 \$50以上 家族祈願 \$100 以上 家族特別祈願 \$300以上のご寄付をお願いしております。また、郵送ご希望の場合は、紙札1枚につき\$1、木札1枚につき\$6の郵送料をお申し受けいたします。祈禱札には願主のお名前を記入します。お名前の記入は、お間違えのないようはっきりとした文字(楷書)でお書き下さい。

<b>Name of Applicant</b> 申込者氏名		<b>Address</b> 住所	
<b>Phone</b> 連絡先		<b>Email</b>	

### Individual Yakubarai Hoshimatsuri Ofuda (個人祈願)

P : Paper \$10 W : Wood \$50

Star #	Name of Applicant and/or Sub-Applicant(s) ご祈禱願主の氏名	Date of Birth (MM/DD/YYYY)	Ofuda Type (P/W)

For additional names, please attach the list with above information to this application.

※ Please see back for Family Yakubarai Hoshimatsuri Ofuda 裏面は家族祈願リスト

# Family Yakubarai Hoshimatsuri Ofuda (家族祈願)

<b>Name of Head of Household</b> ( Example : Harry Yoshimoto )	<b>Family Name</b> ( Example : Yoshimoto Family )

M: \$100 (max. 5 names), L: \$300 (max. 15 names)

Star #	Name of Head and Family Members ご家族の氏名	Date of Birth (MM/DD/YYYY)	Ofuda Type (M/L)

For additional name(s) please attach a list with above information to this application

**Thank you. Please complete the following:**

Number of \$ 10 Individual Paper Ofuda (P): \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Number of \$ 50 Individual Wooden Ofuda (W): \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

Number of \$100 Family Wooden Ofuda (M): \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Number of \$300 Family Wooden Ofuda (L): \_\_\_\_\_ x \$300 = \$ \_\_\_\_\_

Total Number of Ofuda(s): \_\_\_\_\_

Mailing Fee (Min. Flat \$1 / Paper, Min. Bulk \$6 / Wood): \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**OFFICE USE ONLY**

Application Received: \_\_\_\_\_ / Initial: \_\_\_\_\_

Payment Received (CK # / Cash) : \_\_\_\_\_ / Initial: \_\_\_\_\_

Ofuda Created : \_\_\_\_\_ / Initial: \_\_\_\_\_

Ofuda Pickup/Mailed \_\_\_\_\_ / Initial: \_\_\_\_\_