KOYASAN BEIKOKU BETSUIN OF LOS ANGELES

342 E. 1st Street, Los Angeles, CA 90012-3984
TEL: 213-624-1267 Email: office@lakoyasan.org

星まつり 祈祷 申し込み用紙
2026 YAKUBARAI HOSHIMATSURI APPLICATION FORM

Please send in your application to the Temple by Friday, January 23, 2026. The Yakubarai Hoshimatsuri Goma Service will be held on Sunday, February 1, 2026, 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 $7).

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2026年1月23日(金)、星まつりご祈祷会は2026年2月1日(日)午後1時30分からです。

星まつり紙の祈祷札は お一人様 $10以上 木製の祈祷札はお一人様 $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$7 の郵送料をお申し受けいたします。祈祷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。

Name of Applicant 申込者氏名	**Address** 住　　所
Phone 連絡先	**Email**

Individual Yakubarai Hoshimatsuri Ofuda （個人祈願）

P：Paper $10　W：Wood $50

Star #	Name of Applicant and/or Sub-Applicant(s) ご祈祷願主の氏名	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 and to complete this form**

裏面は家族祈願リスト

Family Yakubarai Hoshimatsuri Ofuda（家族祈願）

Name of Head of Household (Example : Harry Yoshimoto)	Family Name (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 $7 / Wood): $_____

Total Amount Enclosed: $_____

OFFICE USE ONLY

Application Received: _____/ Initial: _____

Payment Received (CK # / Cash) :_____ / Initial: _____

Ofuda Created: _____ / Initial: _____

Ofuda Pickup/Mailed _____/ Initial: _____