Month Date Year Date of submission: Date received at district headquarters: Group name Tour group name: Overseas district: Buddhist temle: Day of participation: Month / Day / Year Group representative Name Affiliation Position within the sangha Mailing address: Email: Tel/Fax: Cell: Contact person (if different from the respresentative) Name Affiliation Position within the sangha: Email: Mailing address Tel/Fax: Cell:

The Commemoration on the Accession of the Jodo Shinshu Tradition Group Participation Application Form

Travel information

Flights to/from Japan

-		Airport	Flight no.		Date / Time		
Arrival:							
Departure:							
Transportation to/from Hongwanji							
Commemoration	n service	Date / Time	Means c	f transportat	ation (chartered bus / public trans. / on foot, etc.)		
Arrival:							
Departure:							
Morning servi	ice	Date / Time	Means c	f transportat	ation (chartered bus / public trans. / on foot, etc.)		
Arrival:							
Departure:							

Lunch *Please check one.	_							
Reserve:		Not necessary:						
Related historical sites *Please fill-in scheduled visit information or check 'Not visit.'								
		Date (Month / Day)	Times (Arriv	al / Departure)				
Otani Mausoleum:	Visit			Not visit				
Hino Birth Place:	Visit			Not visit				
Suminobo:	Visit			Not visit				
Shoin / Hiunkaku:	Visit			Not visit				
Ryukoku Museum:	Visit			Not visit				
Confirmation Ceremony		*Please check one. If a member of your group will be participating in a Confirmation Ceremony, a Confirmation Ceremony form must be submitted.						
	Date & T	ime (after morning service / after co	ommemorati	on service)				
Will participate:				Will not participate				
Picture taking *Please chec	k one.							
Reserve:	serve: Not necessary							
Accommodations	3							
		Hotel		Contact information & Tel				
Previous day								
Day of Honzan visit								
The day after visit								
Travel agent								
Agent name			Branch					
Person in charge			Tel / Fax:					
Note								

For Hongwanji Office use only