2025 Hoshi Matsuri (Star Festival) Omamori Request 令和 **7**年度星祭祈祷申込書

PERSON-IN-CHARGE INFORMATION (係長)	**DONATION INFORMATION**
Name: _____	**Regular** Hoshi Omamori $3 x _____ = $_____ For those with *WHITE* stars in 2025 or who have Lifetime Omamori
Address: _____	**Special** Protection Omamori $9 x _____ = $_____ For those with *BLACK* stars in 2025
_____	**Lifetime** Omamori $50 x _____ = $_____
Phone: (_____)_____	**Postage** $_____
Email: _____	**Total Amount for Hoshi Omamori** **$**_____ Checks payable to "*Koboji Shingon Mission*". Please write "*Hoshi 2025*" in the memo line.

Check only 1 box per person

	NAME (Please Print Clearly) 名前	**DOB** 生年月日	**AGE** 歳	**STAR** 星	**R**	**S**	**L**

Check only 1 box per person

	NAME (Please Print Clearly) 名前	DOB 生年月日	AGE 歳	STAR 星	R	S	L

Please *staple* any additional pages together. Additional pages can be downloaded from koboji.org.
Household registration (membership) forms will arrive in early December. To avoid delays in processing, please make separate checks for membership, hoshi omamori, and other offerings/donations.