

HOSHI MATSURI REGISTER 2024 年度星祭祈禱申込書

係長の名前

PERSON IN CHARGE (Print Name)

住所

ADDRESS

CITY

STATE

ZIP

PHONE (H)

(C)

EMAIL

R=REGULAR \$3 \$ _____ POSTAGE \$ _____

S=SPECIAL \$6 \$ _____

L=LIFETIME \$35 \$ _____ TOTAL AMT \$ _____

A

B

C

D

E

F

G

-	NAME (Please Print) 名前	DOB	AGE 歳	STAR 星	R	S	L
1							
2							
3							
4							
5							
6							
7							
8							
9							