



NORTHERN CALIFORNIA KOYASAN TEMPLE

1400 U Street
Sacramento, CA 95818-1417
(916) 444-0111 info@nckoyasan.org

APPLICATION FORM SHICHI-GO-SAN PRAYER SERVICE



Name of Child

(Last Name)

(First Name)

(Middle)

Date of Birth

Age

Gender (M/F)

Name of Child

(Last Name)

(First Name)

(Middle)

Date of Birth

Age

Gender (M/F)

Name of Parent(s)/Guardian

Phone number(s)

Street Address

Email Address

City

State

Zip Code

Preferred Appointment Date and Time

(Date)

(Time)

Appointments may be scheduled between November 1 – November 30.

The registration fee is \$35.00 per child.