

Invitation to Tenrikyo America Spiritual Development Course

The Spiritual Development Course (America Shuyokai) will be held this summer at the Tenrikyo Mission Headquarters in Los Angeles, from Sunday, **July 21** through Saturday, **August 17**. Living together for a month in a lively communal environment, students will have the opportunity to become familiar with the Tenrikyo teachings, apply the teachings to start living a better life, and realize the true purpose of life, the Joyous Life.

This practical course is open to all people 17 years of age or older, seeking to live a more satisfying, “Joyous Life.”

DURATION: From Sunday, July 21 to Saturday, August 17, 2024

PROGRAM: Lectures and Discussions on *The Doctrine of Tenrikyo*, *The Mikagura-uta*, *the Songs for the Service*, & *The Life of Oyasama*, *The Foundress of Tenrikyo Hinokishin* Activities (Voluntary action based upon one’s gratitude for God’s blessings)

Practice of the hand movements and musical instruments for the service

FEE: \$200.00, which includes tuition, room & board. (Books not included)

WHAT TO BRING: Happi coat, presentable clothes for missionary work practice (eg. collared shirt, long pants) white socks, service fans, textbooks (*The Ofudesaki*, *The Mikagura-Uta*, musical instrument practice books, *The Life of Oyasama*, *The Doctrine of Tenrikyo*) **If you do not have these, you may purchase them when enrolling. Please also ask your church head minister if you do not have a happi coat.*

For questions and further information, please contact:

Tenrikyo Mission Headquarters in America
 2727 East First Street, Los Angeles, CA 90033
 or Phone: (323) 261-3379 / Fax: (323) 261-8659
 E-mail: ameden@tenrikyo.com
 Website: <http://tenrikyo.com/spiritual-development-course>

The English course will be held if there are at least two applicants as of one month prior (June 16).

My Intent to Attend the America Spiritual Development Course (Shuyokai)

Name (Print):	Date of Birth: (MM/DD/YEAR)
Phone: () —	Church Affiliation (if any):
Cell Phone: () —	
Address:	
Email:	
In the case of a medical emergency, please list the name of your Health Insurance Provider: (If you do not have Health Insurance, please write “none.”)	
Signature:	Date:

Please note that this is a preliminary application for the program.