

## VISITORS APPLICATION

### THE *HOMOTSUDEN* 宝物殿 OF HEAD TEMPLE TAISEKIJI

I agree with the followings to cooperate with infection control measures.

I hereby declare that the statements below are correct:

- I affirm that I, my traveling companions, or those with whom I have daily contact currently do not have a fever or other cold symptoms or are not suspected of having an infection.
- I affirm that I will cooperate with infection control measures such as wearing a mask.

Your name

Temple name where you belong

\*If you are a Nichiren Shoshu member

Name of traveling companions

Emergency contact number (                    )                    -

Date \_\_\_\_\_ (Year)/ \_\_\_\_\_ (Month)/ \_\_\_\_\_ (Day) (                    )

With the exceptions upon request by official institutions, the information above is only used for the purposes of counting the number of visitors.

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