

# 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, **June 18** through Saturday, **July 15**. 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, June 18 to Saturday, July 18, 2023

**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>

----- ✂ ----- ✂ -----

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

Name (Print):	Date of Birth: <div style="text-align: right; font-size: small;">(MM/DD/YEAR)</div>
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.**