



SOAP

aVe ur wesome lanet

youthgroup.snisocal.org

JULY 25 THROUGH 27, 2008 | GARDENA, CALIFORNIA



Do you **SOAP** (Save Our Awesome Planet) it up every day? To learn how to use SOAP in your everyday life come to the Seicho-No-Ie 39th Youth Spiritual Training Seminar (YSTS) in Southern California—the event of the summer for all youths and young adults (ages 13-26)!

We all know the use of SOAP every day is important. This year's YSTS theme is "Save Our Awesome Planet." Throughout the July 25-27, 2008 weekend, participants will explore the various ways to make this planet the best place in which to live.

During the YSTS, you will learn the teachings of Seicho-No-Ie and their applications to your daily life. Our main speaker, **Rev. Yoshiko Teshigawara**, Bishop of Seicho-No-Ie U.S. Missionary

Headquarters, will inspire you to SOAP it up. Guest speaker, **Rev. Mas Nakamura**, with his great enthusiasm will motivate you to make sure you use SOAP every day. This Seminar will definitely be the most exciting and memorable time of the year for everyone. So join us at the 39th YSTS and experience loads of fun and learning.

After the YSTS, the fun will continue through the week with excursions to Knott's Berry Farm, Universal Studios, and Disneyland. So what are you still reading for? Book your flights, catch a ride, and let the fun begin!

LIVE A LIFE OF THANKS EVERY DAY

We must be more grateful to our planet and express our thanks every day in a prayer-like way, telling it how much we appreciate what it is doing for us. We should be grateful for the sunshine as well as for the rain. Let us be grateful to the water and the air and to the flowers, trees, and mountains. Let's try to reduce exhaust fumes. Let's try to use solar and light energy and begin using electric or hydrogen-powered cars and not pollute the atmosphere. . . .

We should try and live life so that not only our own families, but in a broader sense, all living things, the earth and nature are happy as well. Countries should respect and follow the etiquette in communication with other countries, be grateful to one another, and live brightly and cheerfully always with a mind filled with *arigato*, thank you, *obrigado*, and *merci*.

(From *Truth of Life*, April 2008, p. 9)

Logo by Nathan Masaki



SEICHO-NO-IE 39TH YOUTH SPIRITUAL TRAINING SEMINAR

WHO

For any youths from ages 13 to 26
Please, no one under 13 years of age.

WHERE

Seicho-No-Ie Truth of Life Center
14527 South Vermont Avenue
Gardena, CA 90247
P: 310.323.8486; F: 310.323.2404;
E: sniushq@aol.com; W: snisocal.org

WHEN

**Friday, July 25, 2008 @ 5:30 pm to
Sunday, July 27, 2008 @ 10:00 pm.**

Additional sightseeing excursions will continue following the Seminar, Monday, July 28 through Wednesday, July 30, 2008.

TEXTS

Holy Sutra, Nectarean Shower of Holy Doctrines
Holy Sutra, Song of the Angel
Truth of Life, Volume 1 \$11
Truth of Life, Volume 7 \$10
For Young People \$7
Shinsokan Is Wonderful \$11
Open the Doors of Your Life, Vol.3 \$12
Truth of Life, April & July 2008 issues \$0
These may be pre-ordered or purchased at the Center (See form below.)

DONATION

ADVANCED REGISTRATION (Before July 13): \$50 per attendee; \$35 for additional attendee in a family household.

LATE REGISTRATION (After July 13): \$75 per attendee.

Registration includes 7 meals, lodging, materials, and a t-shirt.

BRING

Clothing for length of stay, pajamas, toiletries, towels. Southern California summers tend to be very warm during the days and cool at nights. We suggest shorts and t-shirts during the day and a warm sweater for the evenings. We also recommend bringing a pair of walking shoes. (Bedding and showers will be provided.)

DO NOT BRING

iPods/MP3 players, radios, video games, or any other distracting items.

EXCURSIONS

Following the seminar, the SNI Youth Group has organized excursions to local points of interest. All participants are invited and encouraged to attend. No one will be allowed to stay at the Center while an excursion is in progress; you must either join the excursion or make other arrangements.

The following are the excursion costs:

JULY 28 (MONDAY)

Knott's Berry Farm: \$40
www.knotts.com

JULY 29 (TUESDAY)

Universal Studios Hollywood: \$50
www.universalstudioshollywood.com

JULY 30 (WEDNESDAY)

Disneyland Resort: \$55
(BOTH Disneyland and DCA parks)
www.disneyland.com

Costs include admission and transportation. Breakfast will be provided at the Center. Those attending will be responsible for additional entertainment, meals, and expenses. **We suggest a minimum food budget of \$15 per meal while at the park(s) plus additional money for extra purchases.** Please indicate on the Registration Form whether you will attend these excursions.

WE SUGGEST THAT DEPARTURE PLANS BE MADE FOR THE FOLLOWING DAY OF LAST EXCURSION ATTENDED OR THURSDAY, JULY 31, 2008.

REGISTRATION FORM Please print clearly and completely.

| | | | | | | | |
|---|--|--|------------|--|--------------------------|--|--|
| Name FIRST MI LAST | | | Age | Sex | Date of birth / / | | |
| Address NUMBER STREET APT # CITY STATE ZIP | | | | | | | |
| Phone () - | | Cel/Work () - | | Fax () - | | | |
| E-mail | | | | | | | |
| Please check all that apply: <input type="checkbox"/> Desire lodging at the Training Center. <input type="checkbox"/> Donation enclosed. (Checks payable to Seicho-No-Ie) <input type="checkbox"/> Attendee under 18 years of age. | | | | | | | |
| For attendees under 18 years of age: _____ Attendee's name has my permission to attend the 39th Youth Spiritual Training Seminar to be held on July 25 to 27 at the SNI South Bay Truth of Life Center and the excursions on July 28 to 30, 2008. I may be reached at () - during the Seminar and sightseeing tours. _____ X Signature of Parent/Guardian | | Please check all that apply: (If you do not check off your decision, we will assume that you will not participate.) <input type="checkbox"/> YES! I want to participate in the following excursions as an added attraction to the YSTS: (If yes, please check only one box below.) <input type="checkbox"/> Knott's Berry Farm only <input type="checkbox"/> Knott's Berry Farm and Universal Studios only <input type="checkbox"/> Knott's, Universal Studios, and Disneyland Resort <input type="checkbox"/> NO , I will not be participating in the sightseeing portion of the program. | | For out-of-town attendees: If you wish free transportation from/to LAX to/from the Center, please provide the following information: Arrival information: Date _____ Flight # _____ Airline _____ Arrival Time _____ Departure information: Date _____ Flight # _____ Airline _____ Departure Time _____ | | For pre-ordering books: Please indicate number of copies you wish to purchase. These will be ready for attendee upon arrival at the YSTS. Prices shown above. ___ HS, Nectarean Shower... ___ HS, Song of the Angel ___ Truth of Life, Volume 1 ___ Truth of Life, Volume 7 ___ For Young People ___ Shinsokan Is Wonderful ___ Open the Doors..., Vol. 3 Total amount for books: \$ _____ | |
| Send completed forms (Registration, Non-liability, Medical Authorization, and Health questionnaire) and a copy of proof of health insurance to: Seicho-No-Ie Truth of Life Center, 14527 South Vermont Avenue, Gardena, CA 90247 | | | | | | | |



SEICHO-NO-IE

United States Missionary Headquarters

www.snitruth.org

And ye shall know the Truth, and the Truth shall make you free. (John 8:32)

SEICHO-NO-IE, INC. (A NON-PROFIT CORPORATION) NON LIABILITY FORM FOR LOSS OR INJURY

The parties agree that Seicho-No-Ie, Inc., and its officers, staff and volunteers shall not be responsible for loss or injury incurred on its premises or at any location; and at or during any Seicho-No-Ie sponsored activity or event. Attendee or parent or guardian agrees to indemnify Seicho-No-Ie, Inc., and its officers, staff and volunteers against liability as to any loss or injury suffered thereon. The parties further agree that Seicho-No-Ie, Inc., and its officers, staff and volunteers are not to be responsible or liable for loss of or damage to any personal property, including motor vehicles, of the undersigned trainee and his/her guests. Any provision or clause ruled unenforceable or void shall not affect the survivability and validity of the other provisions and this contract.

Agent of Board of Directors

Date

Signature of Attendee (18 years or older)

Date

Signature of Parent or Guardian
(for attendees under 18 years of age)

Date

(Attendee) _____ has my permission to participate in the sight-seeing tour(s) following the Spiritual Training Seminar. I agree to direct my child to cooperate and conform with directions and instructions of the person in charge.

PARENTS PLEASE NOTE: All persons participating are deemed to have waived all claims for injury, accident, illness, or death occurring or by reason of the trip(s).

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person in charge permission to use their judgement in obtaining medical service for the child and I give permission to the physician selected by the person in charge to render medical treatment deemed necessary and appropriate by the physician. I understand there is no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Emergency telephone number

Address

Home telephone number

Business telephone number

Signature of Parent or Guardian
(for attendees under 18 years of age)

Date

HEALTH QUESTIONNAIRE

SEICHO-NO-IE 39TH YOUTH SPIRITUAL TRAINING SEMINAR

Please complete and return this form (both sides), with proof of health insurance (i.e., copy of insurance card), and the registration form to **Seicho-No-Ie Truth of Life Center**. THIS INFORMATION IS NECESSARY FOR YOUR SAFETY AND WILL BE KEPT CONFIDENTIAL.

| |
|--|
| Attendee's Name |
| Emergency phone number: |
| Secondary contact person (other than parent/guardian): |
| 2nd emergency phone number: |

PLEASE PRINT CLEARLY - THANK YOU VERY MUCH!

1. a. Do you have hospital insurance? (please circle) YES NO

b. Insurance Company's name: _____ Policy #: _____

c. Primary Doctor's Name: _____ Doctor's Office Phone #: (____) _____ - _____

2. Has the attendee been under the care of a medical doctor during the past 2 years? YES NO

3. List pre-existing or current medical conditions: _____

4. Date of last Tetanus shot: ____ / ____ / ____

5. Does the attendee wear contact lenses? YES NO

6. Is the attendee currently taking any medications? YES NO If so, please list medications and dosages: _____

7. a. List any allergies: _____

b. List medication allergies: _____

8. Does the attendee have any special dietary needs? YES NO If so, please indicate: _____

9. Does the attendee have any physical limitations? _____

I hereby verify that the answers to the above questions are correct and true to the best of my knowledge.

Signature of attendee 18 years or older or Parent/Guardian

Date