

# 2012 Sikh Youth Symposium

A Division of Sikh Youth Alliance of North America (SYANA)  
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## REGISTRATION FORM ONE FORM/ YOUTH

**REGION:** Check one below

**LOCAL:** \_\_\_\_\_

Name of the Local Sikh Youth Symposium

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Boston/New York | <input type="checkbox"/> Bakersfield, CA   | <input type="checkbox"/> Dallas, TX       |
| <input type="checkbox"/> GA/NC           | <input type="checkbox"/> Khalsa School     | <input type="checkbox"/> Michigan/Windsor |
| <input type="checkbox"/> Mid-Atlantic    | <input type="checkbox"/> Midwest(IL,IN,MO) | <input type="checkbox"/> Niagara Falls    |
| <input type="checkbox"/> Ohio            | <input type="checkbox"/> Seattle, WA       | <input type="checkbox"/> Toronto, Canada  |

**FIRST NAME:** \_\_\_\_\_  SINGH  KAUR, **GROUP:** \_\_\_\_\_  
first name only check one see table below

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AGE AS OF DECEMBER 31, 2011:** \_\_\_\_\_  
month day year

**E-MAIL:** \_\_\_\_\_ **TELEPHONE # :** (\_\_\_\_) \_\_\_\_\_  
area code telephone number

**ADDRESS:** \_\_\_\_\_  
street name

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**NAME OF SCHOOL:** \_\_\_\_\_  
Name of public school/college/university and Principal

**SCHOOL ADDRESS:** \_\_\_\_\_  
Full address of the public school/college/university

**FATHER OR MOTHER'S NAME:** \_\_\_\_\_  
Full Name of Father or Mother

**REGISTRATION FEES: Cash / Check Number:** \_\_\_\_\_ **for \$20.00 is enclosed.**  
(Payable to Sikh Youth Alliance of North America or in the name of your Local Chapter. This will cover only a small portion of expenses)

### GROUP ALLOCATION:

GROUPS	AGE IN YRS (Year of Birth)	GROUPS	AGE IN YRS (Year of Birth)
Group I	06 – 08 (2003-2005)	Group III	11 – 13 (1998-2000)
Group II	09 – 10 (2001-2002)	Group IV	14 – 17 (1994-1997)
		Group V	16 – 22 (1989-1995)