



2021 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

Bakersfield

Boston-Connecticut

Dallas

GA-AL-FL

KGS, Seattle

Michigan

Midwest

NY-NJ

Niagara Falls

NC-SC

Ohio

Ontario

Seattle

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

DATE OF BIRTH: ____ / ____ / ____ **AGE AS OF DECEMBER 31, 2020:** _____
month day year

E-MAIL: _____

TELEPHONE # : (_____) _____
area code telephone number

ADDRESS: _____
street name

CITY: _____ **STATE:** _____ **ZIP:** _____

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 (2012-2014)	Group III	11 – 13 (2007-2009)
Group II	09 – 10 (2010-2011)	Group IV	14 – 17 (2003-2006)
		Group V	16 – 22 (1998-2004)