

A Division of Sikh Youth Alliance of North America (SYANA) 7419 Leaf Blade Lane, Wesley Chapel, Florida 33545, Telephone: (419) 450-0695

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REGISTRATION FORM

ONE FORM/ YOUTH

REGION:	Check one below	LOCAL:	
		Name	e of the Local Sikh Youth Symposium
Bakersfie Michigan Ohio/PA	Midwest	GA-AL-FL Niagara Fall Seattle	KGC, WA NC/SC Texas
FIRST NAME	first name only	SINGH KA	UR, GROUP:see table below
DATE OF BIR	RTH://AGE A	S OF DECEMBER 3	1, 2024:
	month day year		we will calculate the age
CELL PHONI	E#: ()	ımber	
ADDRESS:			
	stre	et name	
CITY:	STATE:	ZIP:	
PARENT'S (F	ather or Mother) NAME:	Full Name of either Father o	r Mother
REGISTRATI (Payable to Sikh Yout	ION FEES: Cash / Check Number th Alliance of North America or in the name of you	er:_ ur Local Chapter. This will cove	for \$25.00 is enclosed.
GROUP AL	LOCATION:		
		GROUPS	AGE IN YRS (Year of Birth)
GROUPS	AGE IN YRS (Year of Birth)	Group III	11 – 13 (2011-2013)
Group I	06 – 08 (2016-2018)	Group IV	14 – 17 (2007-2010)
Group II	09 - 10 (2014-2015)	Group V	<i>16 – 22 (2002-2008)</i>