

SYRAP II Registration Form

*To be completed at the start of the program. Please keep a copy for your records and send one to
Children & Youth Activities Specialist
1727 Pali Hwy
Honolulu, HI 96813*

Student's Name: _____
First Middle Last

Date of Birth: ____/____/____ Grade: _____

Mailing Address: _____
City: _____ State: HI Zip code: _____

Registering for this Award (Please check one):

- Silver Padma Award Pin & Certificate (Girl Scouts)
 Sangha Award Pin & Certificate (Boy Scouts)
 Dharma II Award Pin & Certificate (Dharma School)

Temple: _____ Minister: _____

Adult Advisor: _____

Class to be held at: Temple
 Other: _____

Instructor: _____

Student Signature: _____ Date: _____

I will help and guide my child through this program when necessary.

Parent Signature: _____ Date: _____

This part is to be filled out by the TEMPLE SYRAP COORDINATOR

Class will begin on- Date: ____/____/____; Approximately end on- Date: ____/____/____

Coordinator's Signature: _____

Coordinator's Name (Print/Type): _____

Mailing Address: _____

City: _____ State: HI Zip Code: _____

Telephone Number: _____

Comments:

FOR CHILDREN AND YOUT ACTIVITIES SPECIALIST'S USE ONLY

Student () is now registered in the SYRAP II program

() is NOT registered in the SYRAP II program

REASON: _____

SYRAP Headquarters Staff Signature: _____

Completed on: _____

Certificate Mailed out on: _____