<u>INSTRUCTIONS</u>: As of September 2009, this form replaces the previous registration form. When registering for new SYRAP (State Youth Religious Award Program) recipients or Scouting Awards, the temple's SYRAP Coordinator should have this form filled out as soon as possible. After it is filled out, please send to:

Honpa Hongwanji Mission of Hawaii Headquarters 1727 Pali Highway

Honolulu, Hawaii 96813

Attn: Jake Chang—State Children & Youth Activities Specialist If there are any questions that you might have, please call Jake Chang at (808) 522-9200.

## **SYRAP I and Scouting Awards Registration Form**

Please type or write legibly.

Student's Name:						
	First	Midd	dle		Lá	ast
Date of Birth:/_	/	Grade:	Sex:	Male ()	OR	Female ()
Mailing Address:						
City:		Stat	e: HI	Zip code:		
Registering for this Aw	ard (Please ch	eck one):				
	( <u> </u>	nze Padma Award Pi tta Award Pin & Certit arma I Award Pin & C	ficate (E	Bear & Webl	o Sco	,
Temple:		Mini	ster: _			
Scouting Information (	Group, Number	r, etc.):				
Adult Advisor (e.g. Sc	outmaster, Jr. Y	BA Advisor, etc.):				
Class to be held at: (_ (_	) The Temp ) Other:	le				
Instructor:						
Students Signature: _	ıre: Date:					
I will help and guide m	y child through	this program when ne	ecessar	y.		
Parents Signature:	e: Date:					
This part is to be fille	ed out by the T	emple's SYRAP Co	ordinate	or.		
Class will begin on - [	Date:/_	/; Approxir	nately e	end on - Dat	te:	/
Coordinator's Signatur	re:		Date	e:		
Coordinator's Name (I	Print / Type): _					
Mailing Address:						
			e: HI			

Telephone Nu	ımber: (808)		
Comments:			
			:=======
Office Use Only. This pa	rt is to be filled out by S	State Headquarters.	
Student is () registered	in the SYRAP Program.		
() not regist	ered in the SYRAP Progra		
REASON	·		
Signature of Approval			
SYRAP Headquarters Staf			
Title	e:		
Comments:			
<del></del>			