



॥ ਸ੍ਰੀ ਹਰਿਕ੍ਰਿਸ਼ਨ ਧਿਆਈਐ ਜਿਸ ਡਿਠੇ ਸਭਿ ਦੁਖ ਜਾਇ ॥
GURU HARKRISHAN INSTITUTE OF SIKH STUDIES, INC.
(A NON-PROFIT TAX-EXEMPT ORGANIZATION)

14TH ANNUAL SIKH YOUTH GURMAT CAMP
AUGUST 1 - AUGUST 8, 2009
REGISTRATION FORM

NAME: _____ GENDER: M / F

DATE OF BIRTH: _____ / _____ / _____ AGE: _____
month day year

PARENT'S NAME: _____

ADDRESS: _____
street city state zip

HOME TELEPHONE: () _____ WORK: () _____
area code telephone area code telephone

FAX NUMBER (If available): () _____ E-MAIL: _____
area code telephone

I hereby authorize the Sikh Youth Gurmat Camp authorities to consent to emergency medical or surgical treatment of the youth and to routine (nonsurgical) medical care, if required. The Health Insurance information is provided below:

NAME OF THE HEALTH INSURANCE: _____

ID #: _____ EMERGENCY TELEPHONE: () _____

*Enclosed please find CHECK NUMBER: _____ for \$ _____
payable to GHISS \$180/youth
to cover _____ registrations.
of youth*

SIGNATURE OF PARENT: _____ DATE: _____

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