

CONFIRMATION SLIP

1	Name of the group:	
	Address:	
1	Contact Person:	
	Email Address:	
V	Contact Number:	
U		
This is to certify that we,from		
	(Group's Name)fully understood the mechanics and i	tems of
condi	(School/Institution) tions of the event entitled: Dare to Move VII: Freestyle Avenue which will be on Janu	ary 29
2016	from 10:00 AM to 3:00 PM at Ugnayang La Salle, De La Salle University.	



Name of School: