

Registration Form

Name of School: _____

Name of Group: _____

Kindly attach participants Certificate of Registration.



<p style="text-align: center;">PARTICIPANT</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">1x1</div> <p>Name: Birthdate: Age: Contact No.: Signature:</p>	<p style="text-align: center;">PARTICIPANT</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">1x1</div> <p>Name: Birthdate: Age: Contact No.: Signature:</p>	<p style="text-align: center;">PARTICIPANT</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">1x1</div> <p>Name: Birthdate: Age: Contact No.: Signature:</p>	<p style="text-align: center;">PARTICIPANT</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">1x1</div> <p>Name: Birthdate: Age: Contact No.: Signature:</p>	<p style="text-align: center;">PARTICIPANT</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">1x1</div> <p>Name: Birthdate: Age: Contact No.: Signature:</p>
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