

T O M M Y  H I L F I G E R

presents



REGISTRATION FORM

Please send the scanned form to [tarinisingh@imagesgroup.in](mailto:tarinisingh@imagesgroup.in); [nakuljain@imagesgroup.in](mailto:nakuljain@imagesgroup.in); [mohuaroy@imagesgroup.in](mailto:mohuaroy@imagesgroup.in) before 25<sup>th</sup> July 2017.

Institution:	
Team Name: (Be innovative!)	
Proposed Brand Name	
Team Member 1(Name & signature)	
Phone:	
Email:	
Team Member 2(Name & signature)	
Phone:	
Email:	
Team Member 3(Name & signature)	
Phone:	
Email:	
Faculty Mentor Name:	
Phone:	
Email:	
Faculty Mentor signature & Institution stamp	

We, the students of ( \_\_\_\_\_ ) confirm hereby that we will participate seriously and sincerely in the IRF RISING STAR CHALLENGE 2017 and meet all the deadlines specified.

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