

Tel: 94440 26237/ 94405 57388

e-mail: childrensclub1947@yahoo.in Web http://www.childrensclubchennai.in

18th Annual Open Competition for School Children, 2016

Registration Form

(Please fill all the details)

| Full Name including initials | |
|------------------------------|------------------|
| Gender | Boy [] Girl [] |
| Date of Birth | |
| Standard / Class | |
| Name of the School | |
| Events (s) | 1. |
| Address (Home) | |
| Father/ Mother's Name | |
| Telephone Number | |
| E-mail id* | |

I hereby enclose **Rs**/- as competition fee and I/We/Our ward, here by agree to abide by the rules of the Competition and the Children's Club.

Parent / Guardian

(Signature) Date: