

1st Art Competition 2009 - Registration Form

Details

Name _____
Date of Birth _____(MM)_____(DD)_____(YY)
Gender _____
Contact Phone _____(Home)_____(Mobile)
Email _____
Address _____

Parent / Guardian Details (for under 18)

Mother's Name _____
Father's Name _____
Contact Phone _____(Home)_____(Mobile)
Address _____

Parent / Guardian's Consent

I, _____, wish to register my child, _____ for Guthi Australia's 1st Art Competition 2009. I agree to abide by the guidelines of Guthi Australia's Art Competition 2009 rules.

Parent / Guardian Signature

Date: ___/___/___

For Official Use Only

Form Submitted: ___/___/___

Registration No.: _____

Signed on behalf of Guthi Australia

___/___/___