

PENSION ART CONTEST 2017

SCHOOL REGISTRATION FORM

Name of the School:

Atoll & Island:

Phone number:

Email:

Participating age categories:

Please put a () on the age groups you wish to participate:

- 6 to 10 years
 11 to 16 years
 16 to 18 years

Contact Person / Art teacher

Name:

Phone number:

Email:

Declaration

I acknowledge that I have read and understood the Rules of the Pension Art Contest 2017.

Name:

Designation:

Signature:

Date:

Stamp:

We accept scanned copy of this application form – email to info@pension.gov.mv