



Sl. No.....

TEAM REGISTRATION FORM
For ANJALI INTERNATIONAL CHILDREN'S FESTIVAL-2017
(14th to 18th November)

Section I Travel & Communication

Arrival date in Bhubaneswar: _____ Departure date from Bhubaneswar: _____

Number of people traveling together: _____

Language of communication: _____

Can some of your team members communicate in English ___Yes ___No
 Hindi ___Yes ___No

Section 2 Particulars of the SSA / School /NGO / Organization

Name: _____

Name of Head: _____

Designation of Head: _____

District/State: _____

Country: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Section 3 Particulars of Team

TEAM LEADER / ESCORTS

Sl. No.	NAME	DATE OF BIRTH/ AGE	SEX	TEL. NO / MOBILE	EMAIL

1 Team Leader					
2 Escort 1					
3 Escort 2					
4 Escort 3					

CHILDREN

Sl. No.	NAME	DATE OF BIRTH/ AGE / SEX	CLASS	DISABILITY
1				
2				
3				
4				
5				

6				
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Emergency Contact

Contact Person back home :

Full Name: _____
 (first name) (middle name) (surname)

Address: _____

Home and Cell Phone: _____

Email: _____

I certify that the information provided by me in this application form is true and that I have not concealed any factual information.

Signature of Team Leader
 Name of Team Leader

Date

Seal

ENCLOSURES: PLEASE TICK MARK

1. Age Certificate of children (E-copy)
2. Disability Certificate of children / escort (E-copy)
3. Any other information you feel shows the talent of the children (E-Copy)
4. One high resolution passport size and one post card size photograph (E-copy)
5. All hard copies must be submitted on arrival.

IMPORTANT: KINDLY ENSURE THAT YOU SEND THE COMPLETED APPLICATION FORM BY 15th SEPTEMBER 2017

Festival Organised by Swabhiman (www.swabhiman.org)
All Festival Info in: www.childrenfestival.org
For Communication: swabhiman.bhubaneswar@gmail.com
For Urgent Call: 0674-2313313, 9238106667/9938213312