



REGISTRATION FORM

Registration Number _____

Date _____

NAME OF CONTESTANTS _____

ADDRESS _____

TEL. NO. /MOBILE NO. _____

EMAIL ADDRESS _____

PAYMENT OF PRIZES, IF ANY

PAYEE'S NAME (for Contingent) : _____

PAYEE'S NAME (for Musicality) : _____

- [] (SB) PARADE PARTICIPATION -SINULOG BASED
- { } (FI) PARADE PARTICIPATION -FREE INTERPRETATION
- [] (SBC) SINULOG SA BARANGAY -COMMUNITY BASED
- [] (SLE) SINULOG SA LALAWIGAN -ELEM.SINULOG SA LALAWIGAN
- [] (SLS) SINULOG SA LALAWIGAN -SEC. SINULOG SA LALAWIGAN
- [] (SDC) ON SITE DECOR CATEGORY
- [] (HC) HIGANTE CATEGORY
- [] (PC) PUPPETEERS CATEGORY
- [] (VMC) VISUAL MERCHANDISING CONTEST

PLEDGE OF COMPLIANCE

THE UNDERSIGNED PLEDGES TO COMPLY WITH ALL CONTEST RULES AND GUIDELINES SET FORTH BY THE **SINULOG 2018** CONTEST AND AWARDS COMMITTEE AND ABIDE BY THE DECISION OF THE BOARD OF JUDGES DULY CONSTITUTED BY THE EXECUTIVE COMMITTEE. FURTHERMORE, WE ABSOLVE THE SINULOG FOUNDATION FROM ANY RESPONSIBILITY OR LIABILITY ARISING FROM INJURY TO ANY MEMBER OF OUR CONTINGENT OR GROUP AS A CONSEQUENCE OF OUR JOINING THE SINULOG 2018 GRAND PARADE OR ANY RELATED ACTIVITIES.

IN CLOSING, OUR CONTINGENT FURTHER PLEDGES AND COMMITS ITSELF TO ANSWER ANY FUTURE CALL FOR SERVICE THAT WILL BE MADE BY THE SINULOG FOUNDATION, INC. AND THE CITY OF CEBU.

Contingent Head's Printed Name

Contingent Head's Signature

Date

Choreographer's Printed Name

Choreographer's Signature

NOTE: For more particulars, please address your inquiry to Sinulog Foundation Inc. located at Cebu City Sports Center, R.R. Landon St., Cebu City or call Tel. Nos. 254-5010 and 253-3700.