



**ATTACH
2 PHOTOS EACH
OF ALL
PARTICIPATING
MEMBERS
(write name at the
back of each photo)**

DEBATES REGISTRATION FORM

Please fill in ALL the fields in the form.

Team Name: _____

Team Head Name: _____

Team Head Address: _____

Team Head Contact: _____

Team Head Email: _____

TH Institution: _____

Name of Adjudicator: _____

Name & Contact of ONE other Team Member: _____

Names of Team Members (separated by commas, no less and no more than 3 members)

