



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

LIVE ARTS REGISTRATION FORM

If participating in an Individual-based category, tick ONE of the following categories and fill in Form A.

Painting

Sketching

Tattoo Designing

FORM A

Full Name: _____

Address: _____

Mobile No.: _____

Email Address: _____

Institution: _____

If participating in a Team-based category, tick ONE of the following categories and fill in Form B.

Chalk Art

Live Art Transformation

FORM B

Team Name: _____

Team Head Name: _____

Team Head Address: _____

Team Head Contact: _____

Team Head Email: _____

TH Institution: _____

Name & Contact of ONE other Team Member: _____

Names of Team Members (Upto 4, separated by commas):

