



St. Alphonsa Syro-Malabar Catholic Church

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CCD Fest - 2019 Registration Form

Name of the Participant _____

Grade _____ House Number _____ House Name _____

I (name of the participant) _____, hereby confirm that I will be participating in the following **Solo** items of the CCD Fest - 2019 on March 23rd & 30th, 2019.

(Please mark "X" in the box below. Do not use any other notation in the box.)

<input type="checkbox"/>	Pencil Drawing
<input type="checkbox"/>	Water Color Painting
<input type="checkbox"/>	Essay Writing
<input type="checkbox"/>	Poetry Writing
<input type="checkbox"/>	Short Story Writing
<input type="checkbox"/>	Speech
<input type="checkbox"/>	Solo Dance
<input type="checkbox"/>	Mono/Solo Act
<input type="checkbox"/>	Solo Song

I understand that (a) by signing this document below, I agree to abide by the Policies, Rules and Regulations of the CCD Fest - 2019 and (b) any violation of the Policies, Rules and Regulations of the CCD Fest - 2019 will disqualify my participation in one or more item(s) of the CCD Fest - 2019.

Signature of the Participant _____ Date _____

For Parents to complete

I (name of the parent) _____, hereby confirm that my child who is signed above, is willing to participate in the CCD Fest - 2019 and will conform to the Policies, Rules and Regulations of the CCD Fest - 2019. I have included the fee (\$5) for participation with this registration form.

Signature of the Parent _____ Date _____