



# Sunfeast Milky Magic All Rounder Application Form

Name:											
Class:					]			М	]	F	
Age											
Name of School:											
City:											
Residential Ph. No.:							]				
Email id:											
A few words about	me										

## ACHIEVEMENTS

### **Academics**

Year (Exam)	Description	Rank / Percentage
2008-2009		
2009-2010		

### Extra and Co-curricular Activities\*

		Descriptio	on / Level		Rank /Level of Achievement				
Name of Achievement	Intra School	City	National	International	First	Second	Third	Participation	
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wwwikrayonevents.com/milkymagic







#### Sports\*

Name of Achievement		Descriptio	on / Level		Rank /Level of Achievement					
Name of Achievement	Intra School	City	National	International	First	Second	Third	Participation		

\*Note: Mention achievements only for the last and current year (January 2009 - December 2010) and attach copies of certificates / marks sheets / acknowledgments to support achievements claimed. For additional achievements (January 2009 - December 2010) attach an A4 sized page with details and credentials.

I think I deserve to be a 'Sunfeast Milky Magic All Rounder' because: (max. 50 words)

## DISCLAIMER

DECLARATION BY THE STUDENT	
of	School, agree to participate in "SUNFEAST
MILKY MAGIC ALL ROUNDER" event. I have read and understood all the rules and regulations men	tioned in the Event Detail Booklet and website. I agree to abide by
them.	
Date:	Signature
DECLARATION BY THE PARENTS	
I acknowledge that I have read the rules and regulations as well as helped my child understand the rules an abide by the rules and regulations.	d regulations mentioned in the Event Detail Booklet and website. I agree to
The decision of the judge(s) shall be final and no correspondence or disputes will be entertained.	
<ul> <li>I hereby give permission for free use of my child's name, voice or picture in any broadcast, telecast, adver promotion of future Sunfeast Milky Magic events.</li> </ul>	rtising, promotion or other account of this event, including advertising and
I agree to send my child if he/she is a winner in the state finals of Sunfeast Milky Magic All Rounder for the e	ducational/informational exchange program outside the country.
I, certify that I am the parent/legal guardian of	and she/he has my consent
to participate, including travel to Chennai for the state finals of SUNFEAST MILKY MAGIC ALL R	OUNDER 2010 conducted by Krayon for a period of 3 days
scheduled in Jan / Feb 2011.	
Relation with the participant :	
Address & Contact Number :	
Date & Place:	Cignoture
Dale & Fiale.	Signature Contrasted Mangely

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