



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.	
 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. 	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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