SCHOOL REGISTRATION FORM - AFC

IMPORTANT GUIDELINES

I. Please fill all the columns with **BLUE** permanent ink in **Capital Letters** only.

II. A separate registration page (Page 04 of registration form) may be used for each participating Category. (Don't register the names of students from multiple categories on one page).

III. The following dates will be observed for students' registrations.
   a. **Artwork Submission Deadline:** _____.

IV. The participation fee is **PKR. 1,000/-** per participant.
School Discount: Upon **50** entries from each school. The **Discounted fee** is PKR. 950/- per participant.
The participation fee for **individuals and 16-18 years** is **PKR 2,000/- per participant**

For all cities in Pakistan, the fee can be submitted in the following ways.

1. Direct Online Transfer/ IBFT/ Bank Deposit/ Demand Draft/Cross Cheque drawn in the name of **'Discovering New Artists'.**

a. **Bank Details**
Bank Name: **Bank Alfalah Limited**
Account Title: **Discovering New Artists**
IBAN # **PK82ALFH0146001006788202**

b. **Bank Details**
Bank Name: **Faysal Bank Limited**
Account Title: **Discovering New Artists**
IBAN # **PK14FAYS3152787000002194**

Note: **Pay-Order/ Bank Deposit Slip/ IBFT receipt** should be delivered along with the artwork submission.

V. The registration fee once paid is non-refundable and non-transferable.

VI. The registration forms complete in all respect should be sent to the following Postal Address:

ATTN: MS. SIDRA ALI (DIRECTOR PROGRAMMES)
DISCOVERING NEW ARTISTS
50-E, SUI GAS SOCIETY (NEAR DHA PHASE-V), LAHORE, PAKISTAN
TEL: 0322-4102159

VII. All particulars in the registration form must be filled in as illustrated below. Variation from the format can result in the rejection of registration.

S.NO.	STUDENT'S DETAILS				
1	STUDENT'S	FULL NAME	MUHAMMAD KAMAL SAEED	Age	10
		PAERNT'S EMAIL	parent@gmail.com		

For any further assistance, you can contact **DISCOVERING NEW ARTISTS** office by e-mail at *programmes@discoveringnewartists.org* or by phone at **0322-4102159**

INSTITUTION DETAILS – *FILL IN **CAPITAL LETTERS** AND USE **BLUE INK***

(All fields are MANDATORY)

INSTITUTION'S DETAILS

AFC INSTITUTION #:			A	F	C	-					*(For Office Use ONLY)*

INSTITUTION'S/ SCHOOL'S NAME (MANDATORY)

INSTITUTION/SCHOOL NAME:	
BRANCH/CAMPUS:	

SCHOOL'S POSTAL ADDRESS: (MANDATORY)

ADDRESS LINE 1:	
ADDRESS LINE 2:	
ADDRESS LINE 3:	
CITY	
PHONE (S)	
E-MAIL	

HEAD OF SCHOOL/ PRINCIPAL'S CONTACT DETAILS (FIRST CONTACT) (MANDATORY)

FULL NAME:	
MOBILE NO:	
OFFICE PHONE NO:	
E-MAIL:	

ART COORDINATOR/ ACTIVITY COORDINATOR'S CONTACT DETAILS (MANDATORY)

Coordinator's contact is important to correspond in the absence of head of the school/ principal.

FULL NAME:	
MOBILE NO:	
OFFICE PHONE NO:	
E-MAIL:	

ART TEACHERS/ CONTACT DETAILS

Art Teachers' contact is important to correspond in the absence of the coordinator.

FULL NAME:		FULL NAME:	
MOBILE NO:		MOBILE NO:	
E-MAIL:		E-MAIL:	

DETAIL OF REGISTERED STUDENTS

Please provide a summary of all the students' class-wise to be registered in the contest:

LEVELS	GRADE	MALE PARTICIPANTS	FEMALE PARTICIPANTS	TOTAL NO. OF STUDENTS
CATEGORY – I	AGE 4 – 6 YEARS			
CATEGORY – II	AGE 7 – 9 YEARS			
CATEGORY – III	AGE 10 – 12 YEARS			
CATEGORY – IV	AGE 13 – 15 YEARS			
CATEGORY – V	AGE 16 – 18 YEARS			
TOTAL NO. OF STUDENTS				

REGISTRATION & SUBMISSION FEE ACKNOWLEDGEMENT

I acknowledge/ accept that:

1. I (on behalf of the school) have ensured that the students' names, parent's email and the ages are correct and thereby any change requested by me (on behalf of the school) at a later stage will be charged as per the policies of Art for Change competition by Discovering New Artists (DNA).
2. I (on behalf of the school) confirm that the proof of payment for our submission has been attached/enclosed with this form, and I agree that without the payment proof, Discovering New Artists has the rights to disqualify all the submissions.

INSTRUMENT NO: _____ **DATED:** _____

AMOUNT (in figures) PKR: _____ **TOTAL # OF STUDENTS:** _____

OR

STAPLE HERE YOUR
BANK DRAFT/PAY ORDER/ DEPOSIT SLIP/IBFT SLIP/CROSS-CHEQUE
IN ORIGINAL/COPY

_____

SIGNATURES & STAMP
HEAD OF SCHOOL/ PRINCIPAL

STUDENTS REGISTRATION SHEET (MANDATORY)

FOR CATEGORY ________

Kindly mention the names of the students according to your institution's office record using **CAPITAL** letters. These particulars will appear on the certificates. Any change after the registration of the official names will not be subject to change. **(You can make multiple copies of this page to enter more students' data)**.

(Important Note): Please note that this page is not for the purpose of pasting at the back of the artworks.

S.NO.	STUDENT'S DETAILS				
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
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		PAERNT'S EMAIL (Mandatory)			
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		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			
	STUDENT'S	**FULL NAME** (Mandatory)		Age:	
		PAERNT'S EMAIL (Mandatory)			