



Registration Form

Star Party 2017

Name of the School:

Address of the School:

.....

Name of the Teacher In-Charge:

Contact Number of the Teacher in - Charge:

✓ The sessions that you wish to participate:

Competition

Workshop

Astrophotography

❖ COMPETITION

Every school can represent two teams to the all-island observation competition. If your school will unable to represent two teams for the competition, your school can represent only one team.

✓ Participation for the Competition:

Only **Team A**

Both **Team A** and **Team B**

All Island Inter School Observation Competition - **Team A** (5 students can participate to the competition)

A	Name with initials	Date of Birth	Tel No. (if available)
1			
2			
3			
4			
5			

All Island Inter School Observation Competition - **Team B** (5 students can participate to the competition)

B	Name with initials	Date of Birth	Tel No. (if available)
1			
2			
3			
4			
5			

❖ WORKSHOP

- (Maximum 5 Students from each school can participate to the workshop)

	Name with initials	Date of Birth	Tel No. (if available)
1			
2			
3			
4			
5			

❖ ASTROPHOTOGRAPHY

- (Maximum 2 Students from each school can participate to astrophotography competition)

	Name with initials	Date of Birth	Tel No. (if available)
1			
2			

- Final count of school participants (Students) :
- Number of teachers in charge or other guardians who wish come with you :
- Final count of Drivers or other participants on the event day :
- Total count of vegetarians of above mentioned participants :

- Total number of **telescopes** that your school can bring for the competition :

For official use only

Dt: (.....)

Category: Pre REG tot parti: (.....) Index number: (.....)
 Competition: A (.....) B(.....) Workshop: (.....) Astrophoto: (.....) Final Count(.....)
 Veg: (.....) InvtCRD (.....) Special: (.....)