REGISTRATION FORM

CTD Form 2

Make that Transforming move, NOW!

SPONSOR'S INFORMATION

Company:			
Contact Person:			
Designation:			
Email Address:			
Physical Address:			
Business Phone No/s:		Mobile No/s:	

DANCE TEAM NAME: _____

Team Head : _____ **Cellphone No:** _____

TEAM MEMBERS (Min 10, Max 12 members only, including the Team Head)

#	NAME	Age	Cellphone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
		Total number of participants:	

INTERNATIONAL CARE MINISTRIES - MANILA
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T: +632 571-6975 / 584-3912
M: +63-917-851-5959 (Globe) • +63-908-813-4581 (Smart)
Unit 3203 Antel Global Corporate Center,
Julia Vargas Avenue, Ortigas Center, San Antonio,
Pasig City, 1605 Philippines

WAIVER:

I, a member of the (DANCE TEAM NAME), the official entry of (COMPANY NAME) to the Care to Dance Fundraising Competition of International Care Ministries (ICM), do hereby attest that, I:

a. am a bonafide employee of (company name);
b. am in excellent health;
c. fully assume all health and safety risks associated with my participation in Care to Dance;
d. understand the terms and conditions stated in the Care to Dance Guidelines (CTD Form 3)

Having attested to the above provisions, I hereby declare that I will not hold International Care Ministries (ICM), its officers, employees and affiliates and all personnel involved in the preparation and facilitation of this event, responsible for any safety infraction that may occur during the activities whether due to unforeseen circumstances or our failure to comply to the organizer's rules and contest mechanics.

NAME : _____

_____
Signature over printed Name

ENDORSED BY
(COMPANY REPRESENTATIVE):

OFFICIAL DESIGNATION: _____

_____
Signature over printed name

Date: : _____

Note: Each participant is required to fill out and sign this waiver. Registration will only be processed upon complete submission of requirements.

Email to: Kat Magat/Weng Kakilala
caretodance@caremin.com

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