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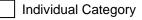


"First in Educational Learning Trend Always"

GAR 2025 Global Artificial Intelligence

REGISTRATION FORM

Name of School:	
Complete School Address:	
School Telephone Number:	Fax Number:
Email Address:	School website:
Please check:	
 Primary School Division: Primary School Division: Middle School Division High School Division 	Age Group: 1-3No. of Teams:Age Group: 4-6No. of Teams:Age Group:No. of Teams:Age Group:No. of Teams:



Team Information:

Team Name: (if	f available)	Category:	Level:		
Photo 1 x 1	Complete Name Students for Certifi	of cate Birthday	E-mail Address	Contact Number	
		Name of Email Ad			
Email Address:					
		PRINCIPAL'S CERTIFICAT	ΓΙΟΝ		
This is t					
	2)	(Name of the Stu		D	
(Name	of Coach)	are the official participan	ts of(Name of		
(nume			(Nume Of	Schooly	

(Category)

Name of Principal and Signature

in the GAR 2025 Global Artificial Intelligence

CONFORME TO RULES

The		official participants,		
٩)	lame of School)			
coach and principal, read and understo	od the Basic Rules & Re	gulations,	Game Rules and Criteria	for
Judging of the GAR 2025 Global Artificia	l Intelligence and hereby	agree to	abide by the rules set by	the
organizers				
Conforme:				
Name of Principal & Signature		Name of	Coach & Signature	
Students Name & Signature:			-	
_			_	
				=
	PARENTAL CONSENT			
This is to allow my son/daughter .		to j	oin all the activities of	
the GAR 2025 Global Artificial Intelligence	(Name)			

This consent is issued for whatever legal purpose it may serve.

Name of Parent and Signature

Date: _____

MEDICAL CERTIFICATE

This is to certify that	sex				
(Name of the Student)	(Male/Female)				
years of age, has been examined in this hospital or clinic on					
and found him/her: [] physically fit to join the GAR 2025 Global Artificial	Intelligence				
[] not physically fit to join the GAR 2025 Global Artif	ficial Intelligence				

Attending Physician Name & Signature License # _____

Please submit the registration form together with a photocopy of Authenticated Birth Certificate on or before **June 21, 2025** to either of the following address:

THE NATIONAL SECRETARIAT

MS. MYLENE ABIVA Project Director Felta Multi-Media, Inc. Felta Multi-Media Center #18 Notre Dame St., Cubao, Q.C. Fax #: (02) 89114103 Email add: feltamultimediainc@gmail.com

MS. CONI INOCENCIO-PERALTA PRO Coordinator (coni_25@yahoo.com) MS. DONNA CRIS C. ERMITANIO PRO Coordinator (dc162003@ yahoo.com)