



FELTA Multi Media, Inc.
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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: 1-3	No. of Teams:
Age Group: 4-6	No. of Teams:
Age Group:	No. of Teams:
Age Group:	No. of Teams:

☐ Individual Category

Team Information:

Team Name: (if available) _____ **Category:** _____ **Level:** _____

Photo 1 x 1	Complete Name of Students for Certificate	Birthday	E-mail Address	Contact Number

Name of Official Coach: _____ **Name of Assistant Coach:** _____
Email Address: _____ **Email Address:** _____
Mobile Number: _____ **Mobile Number:** _____

PRINCIPAL'S CERTIFICATION

This is to certify that 1) _____,
2) _____, and

(Name of the Students)

_____ are the official participants of _____
(Name of Coach) *(Name of School)*

Of the _____, _____ in the GAR 2025 Global Artificial Intelligence
(Elementary/Junior HS/Senior HS) *(Category)*

Name of Principal and Signature

CONFORME TO RULES

The _____ official participants,
(Name of School)
coach and principal, read and understood the Basic Rules & Regulations, Game Rules and Criteria for Judging of the GAR 2025 Global Artificial 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:

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PARENTAL CONSENT

This is to allow my son/daughter _____ to join all the activities of
(Name)
the GAR 2025 Global Artificial Intelligence

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

Name of Parent and Signature

Date: _____

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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 Artificial Intelligence

REMARKS: _____

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
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MS. CONI INOCENCIO-PERALTA

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