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FELTA Multi Media, Inc.

FELTA Multi Media Center

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PHILIPPINES



2026 Global Artificial Intelligence Robot (GAR) Contest REGISTRATION FORM

Name of School: _____

Complete School Address: _____

School Telephone Number: _____ Fax Number: _____

Email Address: _____ School website: _____



Version A Recommended Robot:
• Primary School Group (Grades 4-6) | AISTEAM 101S / AISTEAM 205S
• Junior Middle School Group | AISTEAM 101S / AISTEAM 205S
• Senior Middle School Group | AISTEAM 101S + AI Camera / AISTEAM 205S



Version B Recommended Robot:
• Kindergarten Group | MPBOT 609
• Primary School Group (Grades 1-3) | MPBOT S1 / MPBOT S2

Please check: Version A

- Elementary School Group: _____ No. Of Teams
- Junior High School Group: _____ No. of Teams
- Senior High School Group: _____ No. of Teams

Please check: Version B

- Kindergarten Group: _____ No. Of Teams
- Elementary School Group: _____ No. of Teams

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:** _____

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PRINCIPAL'S CERTIFICATION

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

(Name of the Students)

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

Of the _____, _____ in the GAR 2026 Global Artificial Intelligence Contest.
(Elementary/Junior HS/Senior HS) *(Category)*

Name of Principal and Signature

PARENTAL CONSENT

This is to allow my son/daughter _____ to join all the activities of
(Name)
the GAR 2026 Global Artificial Intelligence Contest.

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 2026 Global Artificial Intelligence Contest

[] not physically fit to join the GAR 2026 Global Artificial Intelligence Contest
REMARKS: _____

Attending Physician Name & Signature
License # _____

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 2026 Global Artificial Intelligence Contest and hereby agree to abide by the rules set by the organizers

Conforme:

Name of Coach & Signature

Name of Coach & Signature

Name of Principal & Signature

Students Name & Signature:

Please submit the registration form together with a photocopy of Authenticated Birth Certificate on or before **June 13, 2026** to either of the following address:

THE NATIONAL SECRETARIAT

MS. MYLENE ABIVA

Project Director

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