

FELTA Multi Media, Inc.

FELTA Multi Media Center # 18 Notre Dame Street, Cubao, Quezon City,

1102 Philippines

Phone: 8912-1397/8911-1978 /Fax: 8911-4103

E-mail: feltamultimediainc@gmail.com

Website: http://www.felta.ph

Mailing: P.O. Box 238 Araneta Center, Cubao, Q. C.



"First in Educational Learning Trend Always"



22nd PHILIPPINE ROBOTICS OLYMPIAD **REGISTRATION FORM**



Name of School:	
Complete School Address:	
School Telephone Number: _	Fax Number:
Email Address:	School website:
Please check:	
WRO 2023 THEME: "CONNEC	TING THE WORLD"
Robo Mission Category: ☐ Elementary School Level- Note: ☐ Junior High School Level- Note: ☐ Senior High School Level-	Inderwater Infrastructure Age Group: 11-15 No. of Teams:
Future Engineers Category: Self-Driving Cars. Age Group	: 14-19 No. of Teams:
☐ Junior High School Level	Age Group: 8-12 No. of Teams: Age Group: 11-15 No. of Teams: Age Group: 14-19 No. of Teams:
Robo Sports Category: Double Tennis Age Group:	: 11-19 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
			.1	- I
Name of Officia	I Coach:	Name of	f Assistant Coach:	
	:		lumber:	
	PRIN	CIPAL'S CERTIFICA	ATION	
This is to	certify that 1)			
			,	
	-/			And

(Name of the Students)

_____ are the official participants of ____

(Category)

(Name of Coach)

(Elementary/Junior HS/Senior HS)

Of the

Name of Principal and Signature

(Name of School)

_ in the 22nd Philippine Robotics Olympiad.

CONFORME TO RULES

official participants,
(Name of School)
cood the Basic Rules & Regulations, Game Rules and Criteria for
s Olympiad and hereby agree to abide by the rules set by the
Name of Coach & Signature
PARENTAL CONSENT
rto join all the activities of (Name)
(Name) Pry-Run, Preliminary & Final Judging) from August - September
ver legal purpose it may serve.
Name of Parent and Signature
Date:

MEDICAL CERTIFICATE

inis is to	certify that		sex
		(Name of the Student)	(Male/Female)
years	of age, has been exa	mined in this hospital or cli	inic on
and found him/h	ner: [] physically	fit to join the 22 nd PRO	
	[] not physic	ally fit to join the 22 nd PRO	
REMARKS:			
			Attending Physician Name & Signature License #

Please submit the registration form together with a photocopy of Authenticated Birth Certificate on or before **July 22, 2023** 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)