

CCMS

Infocus Registration Form

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|----------------------------|--|
| School Name | |
| Principal's Name | |
| Supervising Teacher | |
| Address of School | |
| Postcode | |
| Telephone Number | |

Please print the names of the pupils participating

| NAME | DATE OF BIRTH |
|-------------|----------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

I have read and agree to abide by the terms and conditions of the Infocus Photographic Competition.

PRINCIPAL'S SIGNATURE

SUPERVISING TEACHER
