

Thiruchitambalam

Thirumurai Mugaam ' 2010

29th , 30th May 2010

Registration Form

NAME : _____

SEX : M / F

DATE OF BIRTH : _____

TEMPLE : _____

SCHOOL : _____

LEVEL : _____

NAME OF PARENT : _____

EMAIL :

CONTACT NUMBER: _____(Mobile) _____(Home)

ADDRESS : _____

**We, the Parents/ Guardian of _____
hereby consent to my/ our child's participation in the Thirumurai Mugaam 2010 to
be held on 29th & 30th May 2010 at a designated temple (will be announced to the
participants after confirmation of registration). Thirumurai Mugaam Organizing
Committee will not be held responsible for any mishap during the Thirumurai
Mugaam 2010.**

Signature : _____

Name of Parent/Guardian : _____

Registration Fees-\$15 : Paid / Unpaid

Thiruchitambalam