

JLfest 2012 SORAN BUSHI Championship
6th May 2012 (Sunday)
Registration Form

Email : jism.enquiries@gmail.com Fax: 03-6259 9180

Name of School/University (in Full):

Name of Teacher /
Person in-Charge:

H/p No.:

Email:

Name of contestants:

I/We, the undersigned, hereby to accept and agreed to abide by the rules and regulations of JLfest 2012 Soran Bushi Championship as stipulated <http://www.jism.org/jism-6th-annual-japanese-language-festival.html>. I/We also consent to the organizers' free use of the photos or video clips of us taken during the competition for promotional purposes.

Teacher / Person in-Charge's signature:

School/University/Institution's stamp:

FOR JLSM'S USE:

Date of Receipt:

Approval Code: