

“Road Safety Awareness Clip Competition”.

——- Short Film Competition ——

Registration Form

Name & Address of the Company/Individual/ Institution registering for
“Road Safety Awareness Clip Competition”.

Name: _____

Address:

Phone: _____ E-mail

_____ Website: _____

Probable Team Members and Technicians (may add as required)

1. Name: _____

Role: _____

2. Name: _____

Role: _____

3. Name: _____

Role: _____

4. Name: _____

Role: _____

5. Name: _____

Role: _____

Signature of the Producer (s)

Signature of the right holder (s)

Seal (As applicable)

Date