

BABY SHOW 2021-22

PHOTO

Entry No.(To be filled by office) _____

Full Name of Child (in capital letters): _____

Father's Name : _____

Mother's Name : _____

Date of Birth :

Day __ Month __ Year ____

Age (as on 31st December 2020) :

Years ___ Months___ Days __

Address :

Telephone No. /Mobile No. :

E-mail :

VENUE: R.B.D.A.V.SR.SEC.PUBLIC SCHOOL BATHINDA

EVENTS TO COMPETE

Event's Name	Age Group	Tick the appropriate age group
1. DANCE 2. RHYME RECITATION	3-4 years	
1. DANCE 2. DRAMEBAAZ	4-5 years	

SPECIAL AWARDS :Most Active Baby ,Most Friendly Baby, Most Aware Mother

Note : Kindly bring a copy of child's birth certificate .

Date:_____ Signature of Father : _____Signature of Mother_____

For Enquires Kindly Contact : 9855562862 , 9779133484, 9465120455, 9878460932

