

BABY SHOW
Registration form

Child's Name _____

Gender _____

Date of birth _____

Age _____

Parent's Details

Mother's name _____

Ph.no _____

Father's name _____

Ph.no _____

Address: _____

I want to participate in following activities:

Mode of Payment

Cash

Online

Date: _____

Signature: _____

**NOTE: There are no registration charges till 6th February, after that
RS 500 only for each category.**