



# NUTRITION MASTERCLASS INTERSCHOOL COMPETITION

DURATION: October 2024 to January 2025

## Registration Form

**SCHOOL INFORMATION:**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

YouTube link entry: \_\_\_\_\_

Contact Person (faculty-in-charge) \_\_\_\_\_

Name: Designation: Contact Number/s: Email Address: \_\_\_\_\_

**Group Members:**

Names	
1	_____
2	_____
3	_____
4	_____
5	_____

By submitting the registration form we hereby confirm that:

1. We shall participate in the Nutrition Masterclass Interschool Competition.
2. All group members are 18 years old and above; bona fide and currently enrolled students of the school listed above.
3. We have read and understood the full mechanics and abide by the rules and regulation of the contest.
4. We agree to the processing of our personal information by the Contest Facilitators for the purpose of running this Competition, in accordance with the Data Privacy Act of 2012.

**Group Representative (student)**

**School Representative (faculty-in-charge)**

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Send filled-out form as PDF file with file name: **NUTRITION MASTERCLASS REG\_[Name of School]** to [secretariat\\_ndap@yahoo.com](mailto:secretariat_ndap@yahoo.com) on or before **January 31,2025**.

