



**COLOROTHON**<sup>TM</sup>

DRAW YOUR IMAGINATION

REGISTRATION FORM

Name : .....

Age : .....

Father/ Spouse Name : .....

School/ College/ Organisation : .....

Postal Address : .....

.....

Contact No : .....

Email Id : .....

Feedback : .....

.....

- Note :
- \* Define Your Painting
  - \* Please submit the duly filled registration form at the respective age counter along with your completed art work
  - \* Colorothon<sup>TM</sup> holds all rights of your art works created at Colorothon Event

Thank you for participating

.....  
( Signature )