



REGISTRATION FORM

REQUIREMENTS:

- Fully Accomplished Application Form downloaded via www.studio23.tv
- Fully Accomplished Waiver/Release of liability
- Photocopy of Current School ID
- Photocopy of Birth Certificate

GENERAL INFORMATION

Name of Dance Group:

School:

No. of Members:

Contact Number:

Adviser/Coach:

Group Leader:

COMPETING MEMBERS

| NAME | CONTACT NUMBER | E-MAIL |
|------|----------------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

www.studio23.tv

**SEND THE COMPLETE REQUIREMENTS ENCLOSED IN A BROWN ENVELOPE TO
CONFIDANCE DROP BOX AT ABS-CBN SGT. ESGUERRA GATE Q.C.**

Break! Pop! Bounce! Krump!



BIOGRAPHY OF THE GROUP

I certify that all the information provided in this entry form are true and correct.

ADVISER/COACH

www.studio23.tv

CONTACT INFORMATION:

Facebook: type Official Lactacyd Confidence

Twitter: confidence_s23

Email: lactacydconfidence@gmail.com

Text/Call: Lactacyd Confidence Hotline (Cha Trinidad) 0917-340-5261
(Bryan Angeles)- 0947-444-68-51