

# Official Registration Form

## Brainmasters

This form is downloadable from the MCL Website ([www.mcl.edu.ph](http://www.mcl.edu.ph)).

Name of School:	<input type="text"/>		
Complete Address	<input type="text"/>		
Telephone Numbers:	<input type="text"/>	Fax Numbers:	<input type="text"/>
Name of School Head:	<input type="text"/>	Position/ Designation:	<input type="text"/>
Contact Person for MCL Cup 2017:	<input type="text"/>	Contact Number:	<input type="text"/>

COMPLETE NAME OF PARTICIPANTS			GRADE LEVEL	EMAIL
FAMILY NAME	FIRST NAME	MIDDLE NAME		
1.				
2.				
3.				
ALTERNATE CONTESTANT				
4.				
FACULTY ADVISER:				

### Certification from the School Head

I hereby certify that the students whose names are listed on this document are officially enrolled in our institution for the current School Year. I also certify that the same students are qualified and eligible to participate in the event components of MCL Cup 2017 based on the Guidelines on Eligibility and Registration that was communicated to us.

Furthermore, in my capacity as head of the institution, I recommend and fully endorse the said students to be the official representatives of our school for the MCL Cup 2017. I also confirm that we have fully understood the mechanics and the guidelines of the different events and contests, and that our participation to the same is voluntary; and that all efforts of MCL to ensure the safety and security of our students for the said event are hereby acknowledged and recognized.

By the School Head:

Attested by:

Date Signed:

\_\_\_\_\_  
Signature over Printed Name of School Head

\_\_\_\_\_  
Signature over Printed Name of the Adviser

**Please make sure to SUBMIT THIS REGISTRATION FORM on or before November 3, 2017.**