

COMPETE HEALTHY FNHS-NDU INTERSCHOOL COMPETITION

SCHOOL NAME:

SCHOOL REPRESENTATIVE NAME:

Email:

Mobile:

PARTICIPATING STUDENTS: (3 students)

NAME*	CLASS OR GRADE
1-	
2-	
3-	

**In case of absence of any of the above listed students, the school is responsible for securing a substitute prior to the start of the event.*

Remarks:

1. To prevent any delays to the event, the school should ensure that all the participants arrive at NDU-Louaize , Main campus at MAXIMUM 3:00p.m.
2. This form should be completed and emailed back to any of the below persons by
Wednesday February 1, 2017.