



# Awakening Canadians to India

## CONTEST APPLICATION FORM

**Fill in ALL sections. TYPE or PRINT legibly with a pen.**

### Contestant Information

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name            | First Name           | Middle Initial       | Male/Female          |

|                            |                              |
|----------------------------|------------------------------|
| <input type="text"/>       | <input type="text"/>         |
| Date of Birth (dd/mm/yyyy) | Are you a Citizen of Canada? |

### Contact

|                      |                      |                      |                      |                        |
|----------------------|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| Street Number        | Street Name          | Apt/Unit             | City                 | Province & Postal Code |

|                             |                        |
|-----------------------------|------------------------|
| <input type="text"/>        | <input type="text"/>   |
| Phone Number with area code | Contact e mail address |

### Parent/ Legal Guardian Information

|                      |                      |                            |
|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>       |
| Last Name            | First Name           | Relationship to Contestant |

|                             |                        |
|-----------------------------|------------------------|
| <input type="text"/>        | <input type="text"/>   |
| Phone Number with area code | Contact e mail address |

### Declaration & Release

I give permission to "Chinmaya Mission Ottawa" to contact myself and/or my child by e mail or by phone for the purposes of this contest.

\_\_\_\_\_  
Parent/Legal Guardian (initial and sign)

Please complete the application form, sign it and make a copy for yourself. Send the original to our address below with the required fees (\$25 per registration) to:

Awakening Canadians to India  
P. O. Box 45027  
Ottawa, ON K2M 2G0

Incomplete forms will be returned to the contestant and/or destroyed.

Upon receipt of payment, you will receive a Confirmation of Registration e-mail to the "Awakening Canadians to India" contest, along with your contestant number in the e- mail address provided above.

Please note that the last date of registration is **July 1<sup>st</sup>, 2010 at 11:59pm, EST**. Any mailed applications received after July 15<sup>th</sup> 2010 will **NOT** be considered.

The contestant and the parent/legal guardian must check, initial and sign below to indicate your understanding and acceptance of the conditions, terms, and responsibilities of the "Awakening Canadians to India" Contest as specified under the Contest Rules and Regulations section on [www.chinmayaottawa.com](http://www.chinmayaottawa.com), in order for your application to be considered complete.

**Incomplete forms will be returned to the contestant.**

**Both statements must be checked for your application to be considered complete.**

- As the Contestant, I have read, understood and accept the Contest Rules and Regulations
- As the Parent/Legal Guardian, I have read, understood and accept the Contest Rules and Regulations

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR ADMIN USE ONLY (Do NOT write in this area)**

Date of receipt of completed application:

Contestant Number:

Payment Received: