**REGISTRATION FORM FOR COSMOS EVENTS**

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| **NAME OF THE INSTITUITION** | **CONTACT DETAILS OF THE INSTITUITON** |
|  |  |

**DETAILS OF THE PARTICIPANTS:**

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| --- | --- | --- |
| **EVENT NAME: MASQUERADE** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
| 3. |
|  |
| 1. |
| 2. |
| 3. |

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| **EVENT NAME: BULLETS OF BLOOD** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
| 3. |
|  |
| 1. |
| 2. |
| 3. |

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| **EVENT NAME: TECHTONIC** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
|  |
| 1. |
| 2. |

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| **EVENT NAME: RESPAWN** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
|  |
| 1. |
| 2. |

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| **EVENT NAME: JEOPARDY** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
|  |
| 1. |
| 2. |

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| **EVENT NAME:ESPACIO** | **NAME OF THE PARTICIPANTS** | **CONTACT DETAILS** |
| TEAM 1TEAM 2 | 1. |  |
| 2. |
|  |
| 1. |
| 2. |

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| **TEACHER IN CHARGE & CONTACT NUMBER** | **STUDENT INCHARGE & CONTACT NUMBER** |
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