

TEAM DETAILS FORM

Institution Details:

1.	Institution Name:		
2.	Address:		
3.	City:	State:	
4.	Contact Person:		
5.	Phone Number:	Email:	

Team & Participant Details:

Event Name	Team Name (if applicable)	Participant (Full Name)





Declaration & Authorization:

We, the undersigned, confirm that the above-listed participants are bonafide students of our institution and are eligible to participate in **Symbios Pow-woW 2025**. We certify that the details provided are accurate, and we agree to abide by the event rules and regulations.

Director's/Principal's Name: _____

Signature: _____

Official Seal of Institution/college

Submission Instructions:

1. This form is applicable only after the registration payment is completed.

2. Fill out this form completely. If needed please print page 2 separately to add more events.

3. Get it signed by the Principal and stamped with the official seal.

4. Scan and email the completed form to **powwow.tetsocollege.org** before the registration deadline.

For any queries, contact us at **powwow.tetsocollege.org**.

We look forward to your participation in Symbios Pow-wow 2025!