

Registration Form
The ChotaMota Art Program 2016

Name	
Age(day/month/year)	
Contact address(Full)	
School/University/Workplace	
Telephone no.(if any)	
E mail id(if any)	
What intrigues you?	
What are the top things in your bucket list?	
Where did you hear about The ChotaMota Art Program?	
Anything else that you'd like to share:	

Signature