

Registration Form
The ChotaMota Art Program 20
2022

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| 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