



**WOLE SOYINKA
INTERNATIONAL CULTURAL
EXCHANGE**



PARTICIPATION FORM



Student Name: _____

Age: _____ **Sex:** _____

Name of School: _____

School Address: _____

Class: _____ **Any Medical Condition:** _____

If Yes, Tell us: _____

Student Phone No.: _____

Name of Principal: _____

Principal Phone No: _____

Name of Class Teacher: _____

Class Teacher Phone No: _____

Which Competition: _____

Student Sign

Parent/Guardian Sign

Principal Sign