

**Chinmaya Mission Washington Regional Center
Gita Chanting Competition 2008**

46 Norwood Road, Silver Spring MD, 20905

Each participant must register for the competition by submitting the registration form along with a \$25 registration check per person payable to CMWRC.

Participant's Full Name: _____

Grade: _____ Balavihar Class: _____

SESSION: Please Circle ONE only:

1. Silver Spring, Maryland – Saturday AM [Session I]

2. Silver Spring, Maryland – Sunday AM [Session II]

3. Silver Spring, Maryland – Sunday PM [Session III]

4. Springfield, Virginia

5. Dulles, Virginia

6. Frederick, Maryland

7. Other [Please specify] _____

Address: _____

Father's Name: _____ Mother's Name: _____

Family Email (please specify an email that you check regularly as all updates will be sent by email):

Phone Numbers _____

I give permission for the participant's information to be published on the Chinmaya Mission website for the purposes of sharing updated registration as well as award information.

Please circle one: Yes No

Signature: _____ Date: _____

Registrants will receive confirmations via e-mail Depending on the number of registrants, competing age categories may be revised