**HUSAY NG SOKSAY 2022**

**REGISTRATION FORM**

Please fill in the necessary information below. Type in all capitalization except otherwise stated.

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| --- | --- | --- |
| NAME OF SCHOOL  Click or tap here to enter text. | | |
| SCHOOL ADDRESS  Click or tap here to enter text. | | |
| DIVISION  XX YEARS OLD | REGION (e.g. IV-A CALABARZON)  Type Here | |
| SCHOOL’S CONTACT NUMBER (+639XXXXXXXXX)  Click or tap here to enter text. | SCHOOL’S EMAIL ADDRESS  [xxxxxx@gmail.com](mailto:xxxxxx@gmail.com) | |
| ADVISER OF THE CONTESTANTS (e.g. JUAN B. DELA CRUZ, LPT)  Click or tap here to enter text. | | |
| ADVISER’S CONTACT NUMBER (+639XXXXXXXXX)  Click or tap here to enter text. | | ADVISER’S EMAIL ADDRESS  [xxxxxx@gmail.com](mailto:xxxxxx@gmail.com) |
| SAYSAY NG SOKSAY (ESSAY WRITING)  PARTICIPANT’S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)  Click or tap here to enter text. | | |
| GRADE LEVEL  Click or tap here to enter text. | | TRACK AND STRAND (IF SENIOR HIGH SCHOOL)  Click or tap here to enter text |
| SA MIKRONG LENTE NG SOKSAY (MOBILE PHONE PHOTOGRAPHY)  PARTICIPANT’S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)  Click or tap here to enter text. | | |
| GRADE LEVEL  Click or tap here to enter text. | | TRACK AND STRAND (IF SENIOR HIGH SCHOOL)  Click or tap here to enter text |
| SOK “SAYS” (SPEECH COMPETITION)  PARTICIPANT’S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)  Click or tap here to enter text. | | |
| GRADE LEVEL  Click or tap here to enter text. | | TRACK AND STRAND (IF SENIOR HIGH SCHOOL)  Click or tap here to enter text |
| PRINCIPAL’S NAME (e.g. JUAN B. DELA CRUZ, LPT, PH.D.)  Click or tap here to enter text. | | |

*Please click the tick box to mark it checked (or selected.*

I understand that I will be submitting the duly accomplished Husay Ng SokSay 2022 Registration Form which contains personally identifiable information.

I understand that I am giving my consent to UPLB Sociology Society to handle and keep the information disclosed in this document, and that such information will only be used for the purposes of this event.

I am made aware that the UPLB Sociology Society commitment to the **REPUBLIC ACT NO. 10173,** also known as the “**Data Privacy Act”**, hence, all information disclosed herein will be treated as confidential.

**SIGNATURE OVER PRINTED NAME**

**Shape

Description automatically generated with low confidence**

Type here Adviser’s Printed Name

***NOTE:*** *To insert the picture of e-signature of the adviser, please click the camera icon below “Signature over Printed Name”, and it will let you find your e-signature in your local folder.*