"MAKE HISTORY ONE MORE TIME"

A.C.E. ALUMNI CONVENTION

REGISTRATION FORM

PHOTO
(1 X 1)

NAME: _____ GENDER: _____ STATUS: _____

HOME ADDRESS: _____ ZIP _____

BIRTHDAY: _____ AGE: _____ CONTACTS:(LANDLINE,MOBILE,EMAIL) _____

SOT SCHOOL GRADUATED FROM: _____ YEAR GRADUATED: _____

SCHOOL ADDRESS: _____

NAME OF CHURCH MEMBERSHIP/PASTOR: _____

(OPTIONAL)

COLLEGE ATTENDING/ATTENDED: _____

COURSE: _____ YEAR GRADUATED: _____

GROUP

- ☐ GROUP BIBLE SPEAKING
- ☐ GROUP SINGING
- ☐ THROWBACK (MIXED BIBLE /PACE) BOWL
- ☐ SMALL INSTRUMENTAL ENSEMBLE (3-5)
- ☐ BASKETBALL (5-10)
- ☐ VOLLEYBALL (6-12)
- ☐ 4X100-METER RELAY (MALE & FEMALE)

INDIVIDUAL

MUSIC

- ☐ VOCAL SOLO MALE
- ☐ VOCAL SOLO FEMALE
- ☐ INSTRUMENTAL SOLO

ARTS (OPEN CATEGORY)

- ☐ PHOTOGRAPHY - CHARACTER TRAIT PICTURE (COLORED)

PLATFORM

- ☐ POETRY RECITATION (MALE OR FEMALE)
- ☐ EXPRESSIVE READING (MALE OR FEMALE)
- ☐ ILLUSTRATED STORYTELLING (MALE OR FEMALE)
- ☐ CLOWN ACT (MALE OR FEMALE)

ATHLETICS

- ☐ 100-METER DASH (MALE & FEMALE)
- ☐ 1500M RUN (MALE)

REMINDER FOR ONLINE REGISTRATION:

After filling up, please kindly scan and email THIS FORM together with your deposit slip back to schoolserve@sotphil.net and consultant2@sotphil.net .

For details, please call (+632) 822-9663 loc. 116, or 152

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PARTICPANT'S SIGNATURE