

REGISTRATION FORM FOR LAUGHTER BLAST

Name:

(First)

(Last)

Address:

City: _____ State/Province: _____

Postal/Zip Code: _____

Mobile: _____ Telephone: _____

(_____) _____ Fax: (_____) _____

Email: _____

Registration Fees – 300/-

P.S:- (Registration fees will not refunded in case participant is not being selected for the final performance)

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Signature of the participant