



**HCG YOUNG DESIGNERS' COMPETITION**  
**Entry Form**

Thank you for your interest in joining AYDC. Kindly fill-up the required fields in this entry form and attach **together with your contest entries.**

* Last Name	
* First Name	
* Middle Initial	
* Gender	
* Age	
* Birthday	
* Complete Address	
* School	
* Year	
* Course	
Telephone No.	
* Cellphone No.	
* Email Address	

Did you also apply as an **ArchiNEXT Scholar**? Yes\_\_\_ No\_\_\_

I hereby certify that the above details are true and correct and have understood and agree with the mechanics in joining the contest. Likewise, I also understand that any form of plagiarism will disqualify me in the contest.

\_\_\_\_\_  
**Name of Contestant**                      **Signature**                      **Date**

*Approved by:*

\_\_\_\_\_  
**UAPSA Chapter Dean of College of Architecture**

\_\_\_\_\_  
**Chair of the Department of Architecture/ Dean of the College of Architecture**

