



ENTRY FORM

2 x 2
PHOTO

Thank you for
your interest in
joining
ArchiNEXT.

Kindly fill-up
the required
fields in this
entry form and
attach together
with your
contest entry.

Full Name _____

Age _____ Date of Birth _____

Complete Address _____

School _____

Year Level _____ Course _____

Tel. No. _____ Mobile 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 guidelines in joining the contest. Likewise, I also understand that any form of plagiarism will disqualify me from the contest.

NAME OF CONTESTANT / SIGNATURE

DATE

APPROVED BY:

CHAIR OF THE DEPARTMENT OF ARCHITECTURE
/ DEAN OF THE COLLEGE OF ARCHITECTURE

UAPSA CHAPTER PRESIDENT

Kindly send this entry form together with your contest entry sealed in an envelope by mail or courier service to

**HCG MAKATI OFFICE:
1163 DON CHINO ROCES AVE.
SAN ANTONIO VILLAGE
MAKATI CITY, 1203
METRO MANILA.**

**CHALLENGES NEVER END.
JOIN ARCHINEXT 2020.**

