



PRESTIGE CONVENT SCHOOL

Pkt. B-5, Sector-8, Rohini, Delhi-110085

Cordially invites you to

Christmas Carnival '2019

Mystic Rhythm

On Sunday, December 22, 2019
Between 9:30 a.m. and 5:00 p.m.
in the school premises

Let's have a gala time with your family, friends & relatives

at several Gaming Junctions, Tattoo Painting, Magic Show, Bumpy Rides, Dance, Music, Fancy Dress Competition, Talent Hunt, Baby show, Delicious Food and many more.

Exciting Prizes to win in Lucky Draw

First Prize



LCD TV

Second Prize



Refrigerator

Third Prize



Washing Machine

Fourth Prize



Home Theatre

Fifth Prize



Air Fryer

***Entry To The Carnival Is Open For All
Admissions Open 2020-21***

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RULES & REGULATIONS

- Guys in Disguise - Fancy Dress Competition : To participate in this event you are required to dress up to portray any character, highlight any issue or event in a creative manner. You are also required to speak as per your character or dress for maximum 2 minutes. Age Limit is 4 years and above.
- Spectrum of Talent - Talent Show : In this segment, you will get an opportunity to exhibit your talent like singing, dancing, mimicry, playing an instrument, standing comedy, etc. for maximum 2 minutes. Age Limit is 9 years and above.
- Well Baby Show - To felicitate good parenting a Well-Baby Show will be conducted. Children from Age group 1 year to 8 years are eligible for this competition.
- For all these entries Registration Fee is ₹ 100/- You are requested to do prior registration. Fill in details in the given form and submit it positively by Friday, December 13, 2019.
- Competitions are open for School Students and Non-School Students also.
- Non - school students are requested to submit the registration form at the school reception. For any query contact at 011-27942442,011-27942443.
- Entry is allowed with Entry Ticket only.

REGISTRATION SLIP

Participant's Name : _____ DOB(dd/mm/yy) : _____
Name of the Competition: _____ Age : _____
Father's Name : _____ Amount Deposited _____
Ticket No. : _____ Sign : _____

REGISTRATION SLIP

Office Copy
(To be filled by the participant)

Participant's Name : _____ DOB(dd/mm/yy) : _____
Name of the Competition : _____ Age : _____
Father's Name : _____ Phone : _____
Address : _____
E-Mail : _____

(For Office use only)

Received Rgn. Fee : _____ Ticket No. : _____ Sign of the Recipient : _____