



EYE BANK FOUNDATION OF THE PHILIPPINES
 A NON-STOCK, NON-PROFIT, NON-GOVERNMENT HUMANITARIAN ORGANIZATION
 THAT OWNS AND OPERATES THE
 SANTA LUCIA INTERNATIONAL EYE BANK OF MANILA

OFFICIAL ENTRY FORM

COMPLETE NAME:

_____ (last) _____ (first) _____ (middle name)

HOME ADDRESS:

TEL. NO: _____ **FAX:** _____

MOBILE NO. _____

E-MAIL ADDRESS:

AGE: _____ **DATE OF BIRTH:** _____ **GENDER:** ___M___F

TITLE OF POSTER: _____

MEDIUM USED: _____

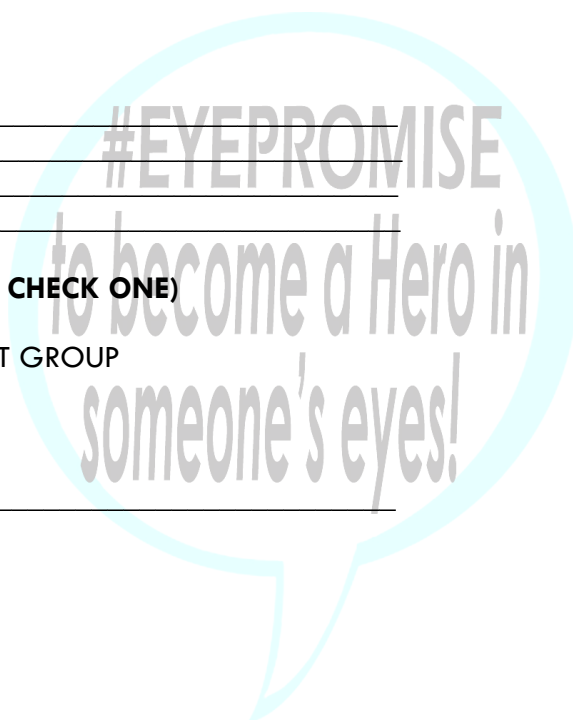
BRIEF DESCRIPTION OF POSTER (MESSAGE; SYMBOLISM, ETC.)

OCCUPATION:

Student _____ School _____
 Employed _____ Nature of employment _____
 Self Employed _____ Nature of business/profession _____
 Others _____

HOW DID YOU LEARN ABOUT THE COMPETITION? (PLEASE CHECK ONE)

_____ POSTER _____ BROCHURE _____ ART GROUP
 _____ RADIO/TV _____ NEWSPAPER/MAGAZINE
 _____ OTHERS PLS STATE _____





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HOW DID YOU KNOW ABOUT THE EYE BANK FOUNDATION?

WOULD YOU DONATE YOUR CORNEAS or EYES AFTER DEATH?

_____ NO
_____ YES

HAVE YOU EVER WON ANY ART COMPETITION IN THE PAST?

_____ NO
_____ YES (pls state name of competition and year won) _____

I hereby certify that all of the information stated in this form are true.

SIGNATURE ABOVE PRINTED NAME

#EYEPROMISE
to become a Hero in
someone's eyes!