



**APPLICATION FORM**

Team Name:.....

Robot Name:.....

Team Leader:.....

Field of study: .....

Team Information

Student Name	Student ID	Year	E-mail Address	Mobile Phone	Signature

Date:- .....

Completed application forms must be handed over to Dr. Pradeep Abeygunawardhana or scan and email to [robofest@sliit.lk](mailto:robofest@sliit.lk) on or before 9<sup>th</sup> July 2010.