

SEQ. NO

REGISTRATION FORM



GOASK

7 KM WORLD HEARING DAY RUN SABAH 2018

ORGANIZED BY

AUDIOLOGY UNIT & SPEECH THERAPY UNIT, ORL DEPARTMENT

IN COLLABORATION WITH

PERSATUAN ORL, AUDIOLOGIS & TERAPIS PERTUTURAN KOTA KINABALU



DATE : 03. 03. 2018

VENUE : PERDANA PARK, TANJUNG ARU, KOTA KINABALU

FLAG-OFF: 6.30 AM

PARTICIPANT DETAILS

NO.	NAME	I.C. NO.	CONTACT NO.	SEX (F/M)	CATEGORY	T-SHIRT SIZE
1					U18/OPEN/ VETERAN	
2						
3						
4						
5						

PAYMENT DETAILS

- MEN OPEN/ WOMEN OPEN/VETERAN >40 YO (INDIVIDUAL) : RM80.00
 GROUP OF 5 : RM70.00/ PAX
 UNDER – 18 : RM50.00 (FLAT RATE)
 TOTAL = _____ PAID ON _____

EARLY BIRD
(BEFORE 31ST DEC 2017)

INDIVIDUAL = RM70.00
GROUP OF 5 = RM60.00/ PAX

DECLARATION OF FITNESS

- I SHOULD CONSULT MY MEDICAL PRACTITIONER PRIOR TO COMMENCING ANY SPORT ACTIVITIES. I DECLARE THAT TO THE BEST OF MY KNOWLEDGE & BELIEF, I AM PHYSICALLY FIT & THERE IS NO MEDICAL CONDITION OR DISABILITY TO PREVENT ME FROM PARTICIPATING IN THIS EVENT. I AGREE THAT THE ORGANIZERS SHALL NOT BE HELD RESPONSIBLE OR LIABLE FOR MY INJURY OR DEATH DUE TO OR ARISING FROM TRAINING IN PREPARATION FOR THE EVENT AND/OR PARTICIPATING DURING OR AFTER THE EVENT.

SIGNATURE:

NAME:

IC NO.:

Date:

PARENT/ GUARDIAN SIGNATURE

(for participant below 18 years old)

NAME:

IC NO.:

Date:

-----PLEASE TEAR THIS-----

RECEIPT OF PAYMENT

SEQ. NO. :

TOTAL PAYMENT:

NAME (LEADER) :

I/C NO. : _____

T-SHIRT SIZE :

XS ___ S ___ M ___ L ___

XL ___ XXL ___ XXXL ___

 PAID ON _____ RACEPACK COLLECTED

*PLEASE PRESENT THIS RECEIPT & I/C DURING RACEPACK COLLECTION ON 28TH FEBRUARY 2018 & 1ST MARCH 2018
(9AM-6PM) AT HQE LOBBY LEVEL 2