

APPLICATION FORM

Date of reception : _____
 Recipient : _____

REMINDER

- EACH TEAM IS REQUIRED TO READ THE PARTICIPATION REGULATIONS IN APPENDIX A, B, C, D AND E BEFORE FILLING UP THIS FORM.
- EACH TEAM IS REQUIRED TO FILL UP THIS APPLICATION FORM COMPLETELY PRIOR TO THE SUBMISSION.
- SUBMIT THIS APPLICATION FORM BEFORE 8th JULY 2016.
- ANY KIND OF ALTERATIONS OR CHANGES MUST BE INFORMED THREE WEEKS BEFORE THE DATE OF COMPETITION.
- SUBMISSION OF THE APPLICATION FORM CAN BE MADE VIA :

EMAIL : **pm.nric16@gmail.com**

MAILING : **BILIK SEKRETARIAT NRIC 2016,
 TINGKAT 1, BANGUNAN H21, KOMPLEKS CAHAYA SISWA,
 UNIVERSITI SAINS MALAYSIA,
 11800 MINDEN, PULAU PINANG,
 MALAYSIA.**

TELEPHONE : **04- 653 3323**
 FAX : **04- 653 3324**

- FOR ANY INQUIRIES, PLEASE KINDLY CONTACT US:

Email : sallyna.nric15@gmail.com
 Tel No. : **+6012-9853079 (NURUL SALLYNA BINTI ROSTAM)**

SECTION A – ESCORTING ADVISOR INFORMATION

NAME

I.C NUMBER

PASSPORT NO. *

GENDER MALE
 FEMALE

EMAIL

OFFICE NO.

T-SHIRT SIZE S
 M
 L
 XL
 XXL
 XXXL

MOBILE PHONE NO.

FOOD NO ALLERGIES
 VEGETARIAN
 OTHERS, PLEASE STATE : _____

* ONLY for International participants

SECTION D - AFFIRMATION

I, I.C No. / Passport No. hereby, represent my
(Name of team leader)
team to clarify that we have read the regulations that come together with this application form in **Appendix A, B, C, D** and **E** provided by the organizing committee and will follow all the outlined regulations.

I represent my team to clarify that all the information given are true
(Name of team leader)
and factual.

CLARIFICATION :

.....
(Team Leader Signature)

NAME : _____
I.C NUMBER/PASSPORT NO. : _____
EMAIL : _____
TELEPHONE NO. : _____