

# ENTRY FORM



Organized by : BADAN AKSI INTERAKSI KREATIVITI

Date : 10<sup>th</sup> NOVEMBER 2012

Time : 8.00 pm

Supported by : UNIVERSITY KEBANGSAAN MALAYSIA

Venue : TAMAN TASIK TITIWANGSA, KUALA LUMPUR

CATEGORY	A	B	C	D	E	F	G	H
	UKM KL	UKMHUKM	UM	UiTM	UPNM	UPM	PU	OTHERS

T-SHIRT SIZE     S     M     L     XL     XXL     XXXL

NAME   

AGE        DATE OF BIRTH        GENDER    MALE        FEMALE   

IC NUMBER / PASSPORT NUMBER   

MAILING   

ADDRESS   

CITY / STATE / COUNTRY        POSTAL CODE        NATIONALITY   

MOBILE NUMBER        TELEPHONE NUMBER    HOME        OFFICE   

FAX NUMBER        EMAIL ADDRESS   

EMERGENCY CONTACT PERSON   

CONTACT NUMBER   

## DECLARATION

I hereby certify that I will abide the rules & regulations of MEDICAL INTERSARSITY NIGHT RACE 2012.

I do also declare that I am medically fit and entering this event at my own risk and will not hold organizer, sponsor and all agents of the organizer responsibilities for any injuries which may be incurred before, during or after the event or loss of personal data given correctly as stated.

.....  
SIGNATURE

.....  
PARENTS'S SIGNATURE

I also agree that the decision of the Organizing Committee is final and that no appeal will be entertained. I also give consent for the free use of my images, name and voice in any broadcast, telecast and advertising promotions or for other purposes pertaining to the event.

.....  
DATE