

CAMPERS REGISTRATION FORM



Name :

Contact No: Age : Date Of Birth:

Gender: School:

House Address:

House Phone : Cell Phone 1 : Cell Phone 2:

Medical Information: Known allergies:

Current illnesses or health problems:

Current medication:

Allergies - environmental, food or medicine (if none, please so state):

Parent/Guardian Name:

Relationship to Child: Emergency Contact:

Emergency Contact (other than parent/guardian): Name:

Phone: Relationship:

Enclosed is the PAYMENT (CASH) RM

or bank in to : **CLIFFHANGER ADVENTURE** CIMB ACCT NO: 1256 0000 453051

if payment by Cheque MAKE CHECKS PAYABLE TO: **CLIFFHANGER ADVENTURE** Total Amount : RM

Please take note that, for any cancellation or you choose not to show up to the camp after agreeing to come, you will NOT received your money back.

I have read and understand the above information

Parent's Signature

Name:

IC:

Date:

This signed form must be received by the **MY LEAF MANAGEMENT** before **2nd december, 2013**

E Mail to shuhana@myleaf.org.my or

Fax to **+603 7831 7848**

If you have any inquiries, please call our admin at **+6012 376 8737 / +6019 278 9215**