

18 - 19 JULY 2020 9 AM - 5 PM TECH DOME PENANG

PARTICIPATION FORM

CATEGORY OF PARTICIPATION : PRIMARY 8-12 years old SECONDARY 13-17 years old

TEAM NAME :

PARTICIPANT A

STUDENT'S NAME :

I/C NO. :

SCHOOL NAME :

E-MAIL :

CONTACT NO. :

DIETARY RESTRICTION : VEGETARIAN / HALAL / NONE / OTHER :

PARENT'S NAME :

PARENT'S CONTACT NO. :

PARTICIPANT B

STUDENT'S NAME :

I/C NO. :

SCHOOL NAME :

E-MAIL :

CONTACT NO. :

DIETARY RESTRICTION : VEGETARIAN / HALAL / NONE / OTHER :

PARENT'S NAME :

PARENT'S CONTACT NO. :

PARTICIPATION FEE IS RM550/TEAM. BANK-IN OR ONLINE TRANSFER TO
CIMB BANK, ACCOUNT NO. : 800 431 7987, PENANG TECH CENTRE BERHAD.
PLEASE SUBMIT PROOF OF PAYMENT WITH THIS REGISTRATION FORM
VIA EMAIL : garachallenge@techdomepenang.org TO BE QUALIFIED.

(THIS SECTION APPLY TO PRIMARY AND SECONDARY CATEGORIES ONLY)

I, (name of parent/guardian) _____,
of I/C No. : _____,
parent/guardian of (name of participant) _____,
of I/C No. : _____, hereby declare that I allow my
child as the name above to participate in the **ASEAN 4.0 ROBOTICS CHALLENGE**
that will be held on **18 - 19 JULY 2020, 9 AM - 5 PM**, at **TECH DOME PENANG,**
KOMTAR.

I hereby understand that the organiser(s) will take necessary steps to ensure
safety, security and the health of the participants. Should any incident arise
which require immediate First Aid relief, I hereby declare the organiser(s) may
proceed with providing First Aid treatment as deemed necessary.

Signed by:

Name : _____
Date : _____

(THIS SECTION APPLY TO PRIMARY AND SECONDARY CATEGORIES ONLY)

I, (name of parent/guardian) _____,
of I/C No. : _____,
parent/guardian of (name of participant) _____,
of I/C No. : _____, hereby declare that I allow my
child as the name above to participate in the **ASEAN 4.0 ROBOTICS CHALLENGE**
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Signed by:

Name : _____
Date : _____