PARTICIPANT DECLARATION:.

I hereby agree to participate and abide by the rules & regulations of The Girls' Brigade Fonomarae 2015 Camp on 8-11 Dec 2015. I undertake not to hold The Girls' Brigade Malaysia, its officials, organisers or assigns liable for any claims loss arising as a result of any untoward incidents during the entire event.

Signature of Participant	Date
GB COMPANY CAPTAIN'S DETAILS 8	CONFIRMATION:.
CAPTAIN'S FULL NAME:	
CAPTAIN'S CONTACT NO.	s
CAPTAIN'S EMAIL ADDRESS	:
I confirm that the above par particulars declared to be true	ticipant is a member of my company and all the and correct.
Signature of Captain	
PARENT/GUARDIAN DETAILS & CON	ISENT:.
FATHER'S FULL NAME:	
CONTACT NO. :	EMAIL ADDRESS :
MOTHER'S FULL NAME :	
CONTACT NO. :	EMAIL ADDRESS :
GUARDIAN'S FULL NAME	s
	EMAIL ADDRESS :
I hereby grant permission for r participate in the Girls' Brig undertake not to hold The C	my child/ward,to ade Fonomarae 2015 Camp on 8-11 Dec 2015. Girls' Brigade Malaysia, its officials, organisers o oss arising as a result of any untoward incidents
Signature of Parent/Guardian	 Date
Name as per IC/Passport:	Relationship:

THE GIRLS' BRIGADE MALAYSIA

9[™] FONOMARAE 2015

8-11 DEC 2015 | WESLEY METHODIST CHURCH, IPOH



INFORMATION:

1. CAMP FEE:

local campers:

RM 200.00 (Early Bird before 30/6/15)

RM 230.00 (After 30/6/2015)

International campers:

RM 280.00 (Early Bird before 30/6/15)

RM 300.00 (After 30/6/2015)

Transferable and non refundable Registration Fee :

RM 100.00

- 2. Registration for FONOMARAE begins Thursday, 30 April 2015 and ends on Friday, 31 July 2015.
- **3.** Each company is limited to 10 participants only. Participants who are interested to join after the 10th participant of the company will be in the waiting list and will be notified after 1 Aug 2015.
- **4.** For further details and registration kindly contact

Capt. Chan Lai Ping (012-5153908) /

Lt. Rebecca Boon (010-4635967)

or email us at fonomarae2015@gmail.com

- **5.** Kindly fill in the form with <u>Capital letters</u> except for email address.
- **6.** Kindly indicate the workshops you're interested. You can only choose 2.

CATEGORY		WORKSHOP	
1	TRADITIONAL	CULTURAL GAMES	
		DANCE	
		ART	
		FOOD	
2	GROOMING	BEAUTY TIPS	
		PUBLIC SPEAKING / DRAMA	
		INNER BEAUTY	
		FINE DINING	

Age :	D	.o.B :		_
NATIONALITY	:			РНОТО
IC No.	:(FOR MALAYSIAI	N ONLY)		PHUIU
PASSPORT NO	FOR NON-MALA	AYSIAN ONLY)		-
	:			
EMAIL ADDRE	:SS:			
HOME ADDRE	SS:			
	COUNTRY:		POST COD	DE:
T SHIRT SIZE	:			(S, M, L, XL, 2XL, 3XL)
ANY MEDICAL	. ATTENTION			
IF YES, INDICA	ATE MEDICAL C	ONDITION(S)/	ALLERGENS/	PROHIBITED FOOD/
		, ,		
`	`	J	,	
WORKSHOPS		_		
	EMENIT	2.		
TRAVEL ARRANG				
DATE OF ARR	VAL :	(DD/MM/YY)	TIME OF ARE	RIVAL : AM / PM
DATE OF DEPA	ARTURE:	(DD/MM/YY)	TIME OF DEP	ARTURE:AM/PN
TRAVEL MOD	:			
IE ELICHT INE	ICATE FLIGHT	NO .		