

REGISTRATION FORM

Event: UniSA Skytrex Adventure

Date: Saturday, 27th March 2010

Time: 8.30 am

Venue: Taman Pertanian Malaysia, Bukit Cahaya Seri Alam, Shah Alam, Selangor

Please fill in the details below.

| | Name | IC Number | AGE | RM |
|---|--|-----------|-----|----|
| 1 | <i>Name of UniSA member participating</i> | | | |
| 2 | <i>Spouse, family or friends participating</i> | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| | | Total | | |

(Adults: RM 40 Children below 12: RM 30)

Handphone number (of UniSA member participating): _____

Email add (of UniSA member participating): _____

I accept that it is my responsibility to ensure that I and my spouse/ family/ friends registered for the event are in good health before attending the Skytrex Adventure event.

I agree that I am responsible for my child/ children during the event.

I hereby declare that I will not hold the committee of University of South Australia Alumni Association of Malaysia, responsible for any loss, damage and/or injury suffered directly or indirectly by me and/or the members of my team arising out of, or in connection with the Skytrex Adventure event.

NAME (PRINT):

Signed:

DATE:

**Signed forms are to be e-mailed to myunisa@gmail.com
or fax to Nithi Nesadurai at 03 4025 1411**

Payment will be collected at the entrance (please refer to event notice)