

BLACK BELT SEMINAR REGISTRATION FORM

Date: 24th May, 2014 (Saturday)

Time: 9.00am to 5.00pm

Venue: SJK(C) Chukai, Kemaman, Terengganu.

Name: _____ Male/Female _____

D.O.B : _____ Age: _____

Degree/Dan: _____

Name of Association/Club/Academy: _____

Address : _____ Town _____

State: _____

Tel: _____ e-mail: _____

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Dear Sir,

I wish to attend the Black Belt Seminar and agree to abide by the rules and conditions of the Seminar. Enclosed herewith **RM110.00** being the seminar fee.

I also agree to absolve the organizer(s) of the Seminar from all liability in the event of injuries sustained during the Seminar.

Thank you.

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Name:

For Office Use only: Fee Received.

Signature.

Date: