



REGISTRATION FORM

Walk for Children: 1 Malaysia

Thank you for your interest in joining the Walk for Children on May 22, 2010! We appreciate your support. The registration fee for those who register before May 22, 2010 is RM 15. **We encourage you to register as soon as possible!**

Please feel free to donate more than the registration fee. Your tax-deductible donation will help support disadvantaged Malaysian youth through the NGO Shelter: Home for Children. Learn more about Shelter at their website: www.shelterhome.org. Please designate your pledge amount below.

Kindly print, fill-in and fax or email the form below **together with payment details**, or hand both into the Walkathon leader at your school. Feel free to e-mail organizers@walkforchildrenkl.com or visit www.walkforchildrenkl.com if you have questions.

FULL NAME (PRINT):

Birth Date (MM/DD/YYYY):

IC # / Passport #:

Nationality:

Phone # (House) :

Phone # (H/P) :

If student, school name:

Mailing Address:

E-mail:

T-SHIRT SIZE (Circle): XS / S / M / L / XL

FEES AND DONATIONS

Donation Amount Enclosed: RM _____

Minimum RM 15 donation as registration fee.

Please fax or email us the bank-in slip for confirmation of your payment / donation.

Email: organizers@walkforchildrenkl.com

Fax: 03 4259 5738

If you have not paid in person, please either:

- **Mail cheques to:**
The International School of Kuala Lumpur
Jalan Kolam Air,
68000 Ampang, Selangor
- **Bank-in cheques/cash or pay online to:**
Payee Name : "ISKL", Citibank Berhad
Account Number: 0114 961-019
Swift Code: CITIMYKL

MEDICAL INFORMATION

Please list any existing medical condition or allergies that the organizers need to be aware of:

EMERGENCY CONTACT:

- **Full Name (PRINT):**
- **Relationship:**
- **Contact #:**

REQUIRED WAIVER OF RESPONSIBILITY

In submitting my Entry form, I hereby agree to abide by the rules and regulations of the Walk for Children: 1 Malaysia. I declare that I am participating in this walk at my own risk and hereby agree to waive all my rights to any claim of personal injury, death and all other losses or damages that may be sustained before, during and after the event. I declare that I am medically and physically fit to participate in the Event. I consent to the Organizers using my name, image and likeness in the Event, at any time, to promote the Event in publicity materials. I certify that all the particulars provided here are correct.

Signature of Participant

Signature of Parent / Guardian of Participant if below 18 years old:

Full Name of Parent / Guardian (PRINT):