Registration form

Closing date of registration is 14 Nov 2008

Name :_____
Address :_____
Age :_____ Gender :
Race: Religion:

Medical Background (if any):
_____

_____

_____

Emergency contact:
Name of parent :_____
Contact No :_____ (h)
_____ (hp)

please bring scissors, prayer equipment and small towel

For further enquiries and registration please contact the following

Pn Jamaliah 012 385 2696
Pn Norazian 019 947 1707
Mohammad Naim 019-267 2338

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Fax 5512 2942
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And

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