

SOUTH CITY PLAZA FLORAL DESIGN COMPETITION

05th December 2009 (Saturday)
11.00am ~ 3.00pm

ENTRY FORM

| | | |
|------------------|-------------------|---------------------------|
| Name in Full : | | Gender : Male / Female |
| Nationality | NRIC/Passport No. | Date of Birth |
| Address : | | |
| Mobile No. : | Home Contact No : | |
| E-mail Address : | Occupation : | |

Please mark **X** accordingly.

Category Professional (please state company/experience)

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Amateur (please state floral school/experience)

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Registration Fee

RM 50.00 (Professional Category)

RM 30.00 (Amateur Category)

Mode of Payment

By Cheque No. / Bank :
Crossed Cheque should be made payable to " SCP Management Sdn. Bhd "

Cash

Declaration

I have read and agree to abide to the rules and regulations of the competition. I agree to indemnify the event and competition organizers from and against any liability, claim, loss or expense arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in this competition. The organizers are not responsible for accidents or losses that may occur to me or the exhibited designs.

X _____
Signature.

Date : _____