# SOUTH CITY PLAZA FLORAL DESIGN COMPETION

Saturday 05th December 2009
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)

……..

☐ Amateur (please state floral school/experience)

……

**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