



INTERNATIONAL LEADERSHIP AND ENGLISH LANGUAGE CAMP

**LEADERSHIP AND ENGLISH LANGUAGE CAMP (LELaC) 2019 KOTA KINABALU, SABAH
4TH -7TH DECEMBER 2019**

REGISTRATION FORM

PARTICIPANT'S DETAILS/INFORMATION:

NO	NAME	I/C / MYKID	SCHOOL	GENDER (M/F)	AGE	T-SHIRT SIZE (UNISEX)
1.						XS S M L XL XXL XXXL
2.						XS S M L XL XXL XXXL
3.						XS S M L XL XXL XXXL

NOTE: Please attach participant's identity card together with this form.

: Kindly use another form if the participants exceed 3 people.

: Please proceed with payment AFTER receiving confirmation email. NO REFUND will be made.

PARENT'S DETAIL/INFORMATION:

NAME (FATHER/MOTHER/GUARDIAN)	PHONE NUMBER	EMAIL
ADDRESS:		
CITY		STATE

SCHOOL (PERSON IN CHARGE) **if necessary*

NAME			
POSITION		PHONE NUMBER	

EMERGENCY CONTACT

List an additional contact number for emergency purposes

NAME			
RELATIONSHIP		PHONE NUMBER	

MEDICAL INFORMATION

Allergies/medication/special requirement (Kindly attach medical information if needed)

MEAL PREFERENCES (Please tick)

Vegetarian No beef No seafood

*Please state any food allergies/ Special requirement *e.g Vegetarian on Friday due to religion/no spicy food.*

PHOTO RELEASE

I/We hereby authorize LELAC to publish photograph/video of my child taken during the camp activities in any social media or websites.

PARENT'S CONSENT

I/We give permission for my/our child to attend the camp and participate in all the outdoor and indoor activities of LELaC Camp. I/We agree to comply with all camp procedures and activities. I/We will take full responsibilities if anything happens during the camp. I/We understand that the organizer will provide reasonable care for our child's safety.

Parent's Signature: _____ **Date:** _____

Note: Various indoor and outdoor activities will be carried out throughout the camp with close supervision. All precautions will be taken.

For further inquiries:

Pn. Salina : 0135994738
Nina : 017-8613263
Darren : 0 17-4941421
Amanina : 017-4941021
Email : lelac@usm.my
:lelac2019.usm@gmail.com
Facebook Page : facebook.com/usm.lelac/

****FOR OFFICE USE ONLY****

FORM RECEIVED BY : _____

DATE: _____

PAYMENT RECEIVED : YES NO

DATE: _____

PAYMENT METHOD : _____

REF. NUMBER : _____

PAYMENT DETAILS

Early birds price: 1st March to 31st May

Send together with staff card for discount

INTERNATIONAL PARTICIPANTS	100 USD
LOCAL PARTICIPANTS	RM 300
USM STAFF	RM 300
JPN SABAH STAFF	RM 300

Normal Price: 1st June to 1st Nov

INTERNATIONAL PARTICIPANTS	110 USD
LOCAL PARTICIPANTS	RM 350
USM STAFF	RM 350
JPN SABAH STAFF	RM 350

Company Name: USAINS Holding Sdn. Bhd

Bank Name: CIMB Bank Berhad

Bank Account: 8003817364

Swift Code: CIMBBMYKL