

RUN WITH YOUR NURSE

SANA RUN 2018

**Date(日期): 29TH July 2018 Time(時間): 6:00 AM Venue (地點): ITCC Penampang**

|  |  |  |
| --- | --- | --- |
| **Personal Details (個人資料)** | | |
| Name(姓名): |  |  |
| Identity Card No. (身份證號碼): |  |  |
| Date of Birth(出生日期): | Age(年龄): | Sex(性别): Male(男) /Female(女) |
| Address(地址): |  |  |
| Postal code(區號): | City/State(城市/州屬): | Contact(联系电话): |
| Country(國家) : | E-mail(電子邮件): |  |
| Telephone No. (電話)(HP): |  | (Home): |

|  |  |
| --- | --- |
|  | **Emergency Contact(紧急联系人)** |
| Name(姓名): |  |
| Telephone(電話): | Relationship(關係): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Butiran Penyertaan (參賽資料)** | | | | |
| * 6KM Run | | | T-shirt Size(尺码) : XS | S | M | L | XL |XXL | |
| Fee(繳费):**RM65.00 – One flat rate.**  **Payment to Sabah Nurse Association, Public Bank Acc.No 3080950516** | | | | **TOTAL(總額)** |
|  |  |  | | **RM** |

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| --- |
| **Acknowledgement (同意書)** |
| I hereby consent to participate in this program at my own risk. I also agree to comply with all the rules and regulations set by the organiser of"SANA RUN 2018" and shall not seek any compensation from the organiser in the event of any losses, damages, accidents, injuries or deaths before, during or after my participation in "SANA RUN 2018".  我特此同意參加這個項目，風險自負。我也同意遵守 “SANA RUN 2018” 主辦单位所訂下的所有規則和規定，任何損失、損害、傷亡事件发生在“SANA RUN 2018”之前，期間或之后不得向主辦单位索取任何賠償。  ……………………………….. Date(日期): …………………………  Signature (签名)  Name (姓名):..................................... |
| ***The completed form must be submitted by 30TH June 2018 (Saturday) at 5:00 PM***.  (填妥的表格必須於 2018年6月30日下午5:00 提交) |
| *For furtherenquiries, kindly contact 012-838 2224/013-860 6496/014-579 6685* |

# “SANA RUN 2018”

# 29 JULY 2018 (SUNDAY)

**6:00 AM**

**ITCC PENAMPANG**

NAME:

I.C NO.:

T-SHIRT SIZE: XS | S | M | L | XL |XXL

PAID ON:

***\*PLEASE BRING ALONGYOUR RECEIPT WHEN CLAIMING YOUR RACE PACK.***

***(请携带您的收据以索取參賽包)***