## **Registration Form**

Name Gender (F/M) Age  1) 2) 3) 4)  Allergies /Medical Problem (if any)  PART 2 - PARENT'S / GUARDIAN'S PARTICULARS  Name IC No. Gender Contact No.  Allergies /Medical Problem (if any)  PART 3 - IN CASE OF EMERGENCY, PLEASE CONTACT: -  Name Contact No. Relationship  I agree that all the above information is correct. The fees are non-refundable and non-transferable. Should a parent withdraw the child after confirmation but before the programme has commenced, 30% of the fees (cancellation fee) will be charged.  Name of Parent/Guardian: Signature:  PART 4 - FOR OFFICE USE  Date Received Programme Date of Programme Date of Programme Receipt No. Total Amount	PART 1 – CHILD'S PARTICULARS					
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Cash payment over the counter is acceptable or through bank transfer as per details: **SWCS HSBC Bank Account No. 392-050779-101** 

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email: <a href="mailto:swcs@sabahwetlands.org">swcs@sabahwetlands.org</a> Website: www.sabahwetlands.org