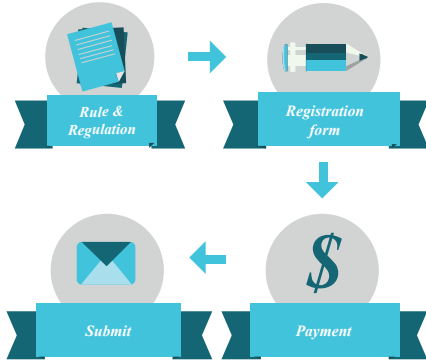


2012
Registration form

RM40 for each participant . Each registration must have only 2 runners.

PARTICIPANT A

HOW TO REGISTER?



*TERM & CONDITION

I had read the **rule & regulation** & i agree with it. I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat or humidity, traffic and the condition of the road, all such risks being known and appreciated by me. I grant permission to all of the forgoing to use any photographs, motion pictures recordings, or any other record of this event for any legitimate purpose. In consideration of the safety of all RUN participants, no baby joggers, baby strollers, animals on leashes, skateboards or skates will be allowed in the RUN FOR SIGHT 2012 marathon run.

TITLE MR / MRS / MISS

NAME

IC

GENDER MALE FEMALE

CONTACT HANDPHONE HOME

EMAIL

T-SHIRT SIZE S M L XL XXL

SIGNATURE

I HAD READ THE RULE & REGULATION & TERM & CONDITION & I AGREE WITH IT.*

PARTICIPANT B

TITLE MR / MRS / MISS

NAME

IC

GENDER MALE FEMALE

CONTACT HANDPHONE HOME

EMAIL

T-SHIRT SIZE S M L XL XXL

SIGNATURE

I HAD READ THE RULE & REGULATION & TERM & CONDITION & I AGREE WITH IT.*



Payment

PAYMENT TO CIMB BANK ACCOUNT

**SAVE ONES SIGHT MISSIONS BHD
CIMB 14420000219108**

RM 80

TOTAL AMOUNT OF FOR TWO PERSON REGISTRATION:
RM40 for each participant . Each registration must have only 2 runners.

*After payment, please send us the slip either email
or fax together with the registration form.*



Submit

EMAIL OR FAX US THE REGISTRATION FORM & BANK PAYMENT SLIP

EMAIL *joinus@glaucomal.org*

FAX *03.8957 7188*

ANY QUESTION PLEASE CONTACT

website glaucomal.org/runforsight

Telephone 012.203 5410 / 018.668 1816

Fax 03 89577188

*Mailing Address A.3.2 Block Anggerik, Desa Saujana Apartment, Section 3, Taman Sg. Besi,
43300 Seri Kembangan.*

THANK YOU FOR PARTICIPATING, WOULD YOU REQUIRE A RECEIPT FOR THE PAYMENT?

