REGISTRATION FORM

Names of Participants	Age	Allergies / Vegetarian	Date of Birth	IC NO. / PASSPORT NO.

Parent/Guardian/Emergency Contact Details:

Name 1: _____ Home Tel: _____ Mobile Tel: _____

Name 2: _____ Mobile Tel: _____

Email : _____ Address : _____

PROGRAM/EVENT/TRIP NAME: _____ TOTAL FEES:_____

*Preliminary registration is subject to receipt of payment in full before date of event, for full confirmation. Lara's Place reserves the right to make changes to the program schedule or venue if warranted by circumstances. I agree to hereby release all its staff and employees of any liability for damages arising from any personal property loss or any injury sustained while participating in any program activities/events/trips at/by Lara's Place (Rix Management Services Sdn Bhd). I hereby declare the abovementioned information completed by me as true and correct in all respects and have read, understood and agree to abide by the Terms & Conditions above.

_____ _____

(Name) ***(Phone Number)***

_____ _____

(*Parent/Guardian Signature)* ***(Date)***

Atm debit or Credit card accepted at Lara's Place. Cheque Payment should be made payable to Rix Management Services Sdn Bhd.
(For bank in or transfer: Hong Leong a/c 00100306130)
Lara's Place Tel/Fax: 03-79568768 Email: larasplace@gmail.com Website: www.larasplace.my