



SANDAKAN FESTIVAL OFF-ROAD CHALLENGE 2012



ENTRY FORM

For Office use
Fees No.:
Sub-No.:
Dep. No.:

Please tick one:

<input type="checkbox"/>	Official
<input type="checkbox"/>	Competitor
<input type="checkbox"/>	Competitor's
<input type="checkbox"/>	Media
<input type="checkbox"/>	Tag On

WINCH TYPE:

<input type="checkbox"/>	P.T.O.
<input type="checkbox"/>	ELECTRICA

FULL NAME: _____

IC/PASSPORT NO: _____ DATE OF BIRTH: _____

PROFESSION: _____ SHIRT SIZE: _____

PARTICIPATION : _____

FIRST AID COURSE: _____ BLOOD GROUP: _____

ANY MEDICAL PROBLEM TO DECLARE? _____

(Use separate sheet if necessary)

CAR REGISTRATION No.: _____ VEHICLE No.: _____

YEAR of MANUFACTURE: _____ MAKE: _____

MODEL: _____ CABIN TYPE: _____

ENGINE CAPACITY: _____ ENGINE No.: _____

CHASSIS No. _____ FUEL : _____

TYRE TYPE: _____ TYRE SIZE: _____

SCRUTINIZING ZONE: KOTA KINABALU ☐ TAWAU ☐ SANDAKAN ☐ KENINGAU ☐

For Competitor's Support Vehicle: Car Registration No.: _____

ADDRESS: _____

TEL/MOBILE No.: _____ FAX No.: _____

Email ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

TEL No.: _____ RELATIONSHIP: _____

MOBILE No.: _____ BLOOD GROUP: _____

ATTACH
RECENT
PHOTO HERE

1

ATTACH
RECENT
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2

CATEGORY

Please tick one:

<input type="checkbox"/>	AMATEUR	RM350.00 (RINGGIT MALAYSIA THREE HUNDRED FIFTY ONLY)
<input type="checkbox"/>	CAR-SHOW	RM500.00 (RINGGIT MALAYSIA FIVE HUNDRED ONLY)
<input type="checkbox"/>	HARD-CORE	RM700.00 (RINGGIT MALAYSIA SEVEN HUNDRED ONLY)

ATTENTION

Please Read and Sign Indemnity overleaf.

Co-organized By:

SABAH OFFROAD ADVENTURE ASSOCIATION
BATU 8, JALAN TUARAN, 88450 KOTA KINABALU
P.O. BOX 1187, 88812 KOTA KINABALU, SABAH.

Person To Contact:

HIEW MING KIYUN,
Mobile: 016-8300283

Signature: _____ Date: _____