



**NATIONAL SPACE CHALLENGE  
PRIME MINISTER'S TROPHY 2017**

**13 – 16 OCTOBER 2017  
PLANETARIUM NEGARA**

**PARTICIPATION ENTRY FORM**

<b>TEACHER PARTICULARS</b>										
Name:(write in BLOCK LETTER)										
School name:		Tel:								
School address:		H/P:								
Postcode:		Email:								
Division:		Fax:								
State:		Date of birth:								
Age:		*Gender: Male/ Female								
NRIC:										
*Marital status: Single/ Married		*Preferred T-shirt size:								
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">S</td> <td style="padding: 2px 5px;">M</td> <td style="padding: 2px 5px;">L</td> <td style="padding: 2px 5px;">XL</td> <td style="padding: 2px 5px;">2XL</td> <td style="padding: 2px 5px;">3XL</td> </tr> </table>		S	M	L	XL	2XL	3XL	
S	M	L	XL	2XL	3XL					
Contact person in case of emergency:			Tel:							
Any allergies or food you cannot eat?		Any sickness and/or medication?	*Vegetarian: Yes/ No							
<b>STUDENT PARTICULARS (1)</b>										
Name:(write in BLOCK LETTER)										
Date of birth:		Age:	Year: 4 / 5							
*Gender: Male/ Female										
NRIC:										
*Preferred T-shirt size:										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">XS</td> <td style="padding: 2px 5px;">S</td> <td style="padding: 2px 5px;">M</td> <td style="padding: 2px 5px;">L</td> <td style="padding: 2px 5px;">XL</td> <td style="padding: 2px 5px;">2XL</td> <td style="padding: 2px 5px;">3XL</td> </tr> </table>				XS	S	M	L	XL	2XL	3XL
XS	S	M	L	XL	2XL	3XL				
Contact person in case of emergency:			Tel:							
Any allergies or food you cannot eat?		Any sickness and/or medication?	*Vegetarian: Yes/ No							

\*choose whichever applicable.

**STUDENT PARTICULARS (2)**

Name:(write in BLOCK LETTER)

Date of birth:

Age:

Year: 4 / 5

\*Gender: Male/ Female

NRIC:

\*Preferred T-shirt size:

XS	S	M	L	XL	2XL	3XL
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Contact person in case of emergency:

Tel:

Any allergies or food you cannot eat?

Any sickness and/or medication?

\*Vegetarian: Yes/ No

**APPLICATION'S DECLARATION (FOR TEACHER ONLY)**

I affirm that statements made on this form are correct. I understand that any inaccurate or false information or omission of material information will render this participation invalid and that, if admitted competition on the basis of such information, my team candidature can be terminated.

Name:

Signature:

Date:

\*choose whichever applicable.