



**KEJOHANAN ROKET KEBANGSAAN 2018**  
**1-4 OKTOBER 2018**

**PARTICIPATION ENTRY FORM**

<b>TEACHER PARTICULARS</b>								
Name (write in BLOCK LETTER)								
School Name:		Tel.:						
School Address:		H/P:						
E-mail:		Fax:						
Postcode:	Division:							
	State:							
Date of Birth:	Age:	Religion:						
*Gender: Male / Female	Citizenship:							
NRIC / Passport No.:	*Marital Status: Single / Married	*Preferred T-shirt size:						
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">S</td> <td style="padding: 2px 10px;">M</td> <td style="padding: 2px 10px;">L</td> <td style="padding: 2px 10px;">XL</td> <td style="padding: 2px 10px;">XXL</td> </tr> </table>		S	M	L	XL	XXL
S	M	L	XL	XXL				
Contact person in case of emergency:		Tel.:						
Any allergies or foods 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:	Religion:						
*Gender: Male / Female	Citizenship:							
NRIC / Passport No.:	*Preferred T-shirt size:							
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">S</td> <td style="padding: 2px 10px;">M</td> <td style="padding: 2px 10px;">L</td> <td style="padding: 2px 10px;">XL</td> <td style="padding: 2px 10px;">XXL</td> </tr> </table>		S	M	L	XL	XXL
S	M	L	XL	XXL				
Contact person in case of emergency:		Tel.:						
Any allergies or foods you cannot eat?	Any sickness and/or medication?	*Vegetarian? Yes / No						

*\*choose whichever applicable. Preferred T-shirt size only available while stock last.*

<b>STUDENT PARTICULARS (2)</b>				
Name (write in BLOCK LETTER)				
Date of Birth:	Age:	Religion:		
*Gender: Male / Female	Citizenship:			
NRIC / Passport No.:		*Preferred T-shirt size:		
		S	M	L
		XL	XXL	
Contact person in case of emergency:			Tel.:	
Any allergies or foods you cannot eat?	Any sickness and/or medication?	*Vegetarian? Yes / No		
<b>APPLICATION'S DECLARATION (FOR TEACHER ONLY)</b>				
I affirm that all statements made in 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. Preferred T-shirt size only available while stock last.*

**Deadline: 14 September 2018 (Friday)**

Please submit this form to KRK2018 Secretariat by  
fax to +603-2273 5488 or email to [ridhuan@planet.gov.my](mailto:ridhuan@planet.gov.my) or  
[aziz@planet.gov.my](mailto:aziz@planet.gov.my)

Thank you for your kind cooperation.

**PLANETARIUM NEGARA**

Kementerian Tenaga, Sains, Teknologi, Alam Sekitar dan Perubahan Iklim  
53, Jalan Perdana, 50480 Kuala Lumpur  
TEL: 603 2273 4303 FAX: 603 2273 5488 WEB: [www.planetariumnegara.gov.my](http://www.planetariumnegara.gov.my)