

UTAR Blind Robot Competition 2009 Registration Form

Team Name:					
	Name	Course/Year	ID	Contact Number	Email
Team Leader					
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					
Member 7					
Member 8					
Member 9					
Member 10					

I, the team leader, hereby register the above individuals as the representative team to participate in the UTAR Blind Robot Competition 2009 in accordance with the set rules and regulation.

**Signature** : \_\_\_\_\_

**Name** : \_\_\_\_\_

**Date** : \_\_\_\_\_

<p><i>For official use only</i></p> <p>Amount paid (RM25 per team) <input type="checkbox"/></p> <p>Receipt number: _____</p>
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**Note:**

Please contact the person-in-charge below to submit your registration form before **20 March 2009**:

Goh Kae Vin 012-4150573

Ooi Hui Qun 016-2176090