

# ICOB EVENT REGISTRATION FORM

## EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

## PARTICIPANT INFORMATION

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

Address: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

## OTHER PARTICIPANTS ATTENDING THIS EVENT UNDER YOUR CARE

NAME	RELATIONSHIP (CHILD/OTHER)	AGE (YEARS)	GENDER M/F

I acknowledge that I have read the rules on the back of this form and agree to be bound by its terms and conditions.

\_\_\_\_\_

Name & Signature

\_\_\_\_\_

Date

