

**REGISTRATION FORM**  
**CANON PHOTOMARATHON 2017**



**General Details**

NAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

EMAIL : \_\_\_\_\_

CONTACT No. : \_\_\_\_\_

IC NUMBER : \_\_\_\_\_

**CAMERA**

BRAND : \_\_\_\_\_

MODEL : \_\_\_\_\_

LENS : \_\_\_\_\_

This is to state that I have read and agreed to the terms and conditions given to me during registration process.

Signature

\_\_\_\_\_

Date: