

**REGISTRATION FORM  
CANON PHOTOMARATHON 2018**



**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: