



## APPLICATION FORM FOR AWARD COORDINATOR

### **Part A: Personal Details**

Name:			
Residential Address:			
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth :    /    /
Contact:	E-mail address:		Mobile/Landline:
	Postal Address:		

### **Part B: Declaration**

I hereby declare that all details provided above are true and I understand the risks involved in participating in this program. Therefore, the Ministry of Youth and Sports will not be liable for any injuries and/or unforeseen circumstances encountered for the duration of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal/Youth Administrator: \_\_\_\_\_

