

Pls PRINT and FAX to 603 - 6201 1664; or hand it to any Dakota Warriors member

### PERSONAL DETAIL (All Fields Are Required)

Name : \_\_\_\_\_ Gender :     M / F     Age : \_\_\_\_\_  
 NRIC : \_\_\_\_\_ Distributor ID : \_\_\_\_\_  
 Email : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
 House Phone : (    ) \_\_\_\_\_ Hand Phone : (    ) \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Post Code : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_

### IMPORTANT INFORMATION (All Fields Are Required)

**Note!** Kindly indicate if you have any illness or sickness, and or under any medication.

High Blood Pressure     Diabetes     Heart Attack     Others (please specify) : \_\_\_\_\_  
 Vegetarian :     Yes / No    

In case of emergency, the logteam will contact th following person(s).

(1) Name : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_  
 (2) Name : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_

### ADDITIONAL INFORMATION

Occupation : \_\_\_\_\_ Spouse Name : \_\_\_\_\_  
 Skill(s) : \_\_\_\_\_  
 Interest(s) : \_\_\_\_\_

I \_\_\_\_\_ NRIC No. \_\_\_\_\_ wish to participate in the "Warrior Within", details as mentioned above. I agree and confirm that all the above information given pertaining to myself is true and accurate.

\_\_\_\_\_  
 (sign by participant)

### FOR OFFICE USE ONLY

Received by : \_\_\_\_\_ Payment received by : \_\_\_\_\_  
 Payment : Cash / Cheque\*    Bank : \_\_\_\_\_ :    Cheque No. : \_\_\_\_\_  
 Camp Fee : RM \_\_\_\_\_ Amount Paic : RM \_\_\_\_\_    Balance : RM \_\_\_\_\_

Payment Received by Dakota Warriors member (name & sign):	Payment Received by Finance Team Member (name & sign):
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### RECEIPTS

Participant : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Payment : Cash / Cheque    Bank : \_\_\_\_\_ :    Cheque No. : \_\_\_\_\_  
 Camp Fee : RM \_\_\_\_\_ Amount Paic : RM \_\_\_\_\_    Balance : RM \_\_\_\_\_

This payment is made for the "Warrior Within", Dec 15 - 17, 2007  
 (Terms and Conditions apply)

\_\_\_\_\_  
 (payment received by)

\* For cheque payment, please issue cheque to **CORNERSTONE CONSULTING SDN. BHD.**

\* For Credit Card installments - kindly inform your Dakota Warriors contact person

