

**RESERVATION FORM**

***PLEASE FILL IN THE FORM IN CAPITAL LETTERS, AND RETURN AT LEAST ONE MONTH PRIOR TO THE DATE OF VISIT***

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Last name** |  |
| **Gender** | **□** Male **□** Female | **Category** | **□** Environmental Education Programme  (Teacher/Student)**□** Field course**□** Researcher**□** Training**□** Others (Please state) |
| **Age** |  |
| **I.C./Passport No.** |  |
| **Nationality** |  |
| **Phone** |  |
| **Email** |  |
| **Institution (e.g. School/ University)** |  | **Mailing address** |  |
| **Proposed dates of visit to the KBFSC****(Please note that boats only travel to and from the Centre on****Tuesday, Thursday and Sunday)** | **From** |  |
| **Until** |  |
| **Any health problems that the Centre should be aware of? If yes, please state.** |
| **Any special requirement (dietary, porters, etc.)? If yes, please state.** |
| **Emergency contact (name in full)** |  |
| **Relationship** |  |
| **Phone** |  |
| **Please SIGN below as an agreement to the indemnity clause. For students under 18 years of age, the form MUST be signed by the****PARENT/ GUARDIAN. \****Please cross out where applicable.***I confirm that \* I / my child understand and agree to abide by the rules and regulations of KBFSC, and I shall not hold the Universiti and/or the Government and/or any officer responsible for any physical, mental or emotional injury sustained or any loss of life, or property of whatsoever kind to \* me / my child named above while visiting the Centre.****Date: Signature:** **Name:** |