



**KLOBS 2015 - FLORAL ARRANGEMENT COMPETITION  
 ENTRY FORM**

( Entry & Registration is FREE )

Name in BLOCK LETTERS ( according to IC / Passport )		Gender
Nationality :	NRIC / Passport :	Date of Birth
Correspondence address :		
Mobile No. ( Country code ) ( Number )	Home Contact No. ( Country code ) ( Number )	
Email address :	Occupation :	

Participation Category       Professional      ( Monday 10<sup>th</sup> August 2015 )  
     Amateur              ( Wednesday 12<sup>th</sup> August 2015 )

Registered Company / Name :
Experience / Achievements ( Indicate up to 3 nos. )

**ALL ENTRES MUST BE RECEIVED BY Thursday 06<sup>th</sup> August 2015 at 12.00pm**

Entries to be submitted to KLOBS 2015 Organizing Committee at LFDA for processing and registration  
 Please send all completed Entry Forms to E-mail : info@lfda.my OR Fax to : +603 - 5637 6118

**Declaration ( All forms must be signed prior to processing )**

I have read, and agree to abide to the rules and regulations of the competition. I agree to indemnify the event and competition organizers from and against any liability ( including any items used unlawfully, illegally or prohibited ), claim, loss or expense arising out of any injury or damage which caused by, arises from or is in any way connected with participation in this competition. The organizers are not responsible for accidents or losses that may happen to me or to my designs.

\_\_\_\_\_  
 Signature / Date ( dd / mm / yy ) : \_\_\_\_\_ 2015

For Office Use Only :
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