

**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:** | | | | |