



قوسٲ كاجين لوار كوالا بلالوغ

Pusat Kajian Luar Kuala Belalong

RESERVATION FORM

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

First name	下的名前 (大文字で)	Last name	苗字 (大文字で)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female 男・女をチェック	Category	<input type="checkbox"/> Environmental Education Programme (Teacher/Student) ここは記入不要
Age	年齢		<input type="checkbox"/> Researcher <input type="checkbox"/> Training <input type="checkbox"/> Others (Please state)
I.C./Passport No.	パスポート番号		
Nationality	JAPAN と記入		
Phone	電話番号		
Email	E メールアドレス		
Institution (e.g. School/ University)	Ibaraki University	Mailing address	2-1-1, Bunkyo, Mito-City, Ibaraki-Prefecture, 310-8512 JAPAN
Proposed dates of visit to the KBFSC (Please note that boats only travel to and from the Centre on Tuesday, Thursday and Sunday)	From	ここは記入不要	
	Until		
Any health problems that the Centre should be aware of? If yes, please state. 健康状態に何か問題があればここに書いてください。			
Any special requirement (dietary, porters, etc.)? If yes, please state. 食事制限など何かあれば、ここに記入してください。			
Emergency contact (name in full)	緊急連絡者の名前		
Relationship	その人との関係、父の場合「Father」		
Phone	その人の電話番号		
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.			
18 歳の方は両親が署名してください		I agree to abide by the rules and regulations of KBFSC, and I shall not hold the University responsible for any physical, mental or emotional injury sustained or any loss of life, or property damaged above while visiting the Centre.	
Date:	署名した日	Signature:	署名
		Name:	名前をクリアに書いてください