

DISTED

ENGLISH LANGUAGE CAMP 23 - 26 NOVEMBER 2010 REGISTRATION FORM			
Name:		Male / Female	Form : 1 / 2 / 3 / 4
Home Address:		School:	
Tel:	Handphone:	E-mail:	
Name of Parent:		Tel of Parent:	
Handphone of Parent:		Signature of Participant:	

FOR OFFICE USE			
Enrolment: Accepted / Reserved	Payment: RM	Receipt No.:	Date:

Kindly fax/send this form to DISTED College.
340 Macalister Road, 10350 Penang Tel: 04-229 6579 Fax: 04-226 6403