



CHILDREN'S ADVENTURE CAMP 2017 REQUEST FOR DISMISSAL

Full Name of Child (as per IC):

Birth Certificate No. :

Sex:

Birth Date:

Age (as on 31st December 2017):

NAME OF ANY TWO PERSONS WHO WILL BE FETCHING THE CHILD

Full Name (as per IC):

IC No. :

Relationship:

Address:

Contact No. (House)

(Mobile)

I, (name), IC No.
hereby confirm that I have fetched my from the Children's
Adventure Camp, Taman Bandaraya Pulau Pinang.

Date:

Signature: