







Date:.....

Ministry/Parastatal Body/l	ocal Government/					
Company/ Club etc:	2004i Government					
Name of Team Leader:		Identity Card No:				
Address:		Tuorinity Gard Ito				
Date of Birth:	Age:	Sex:				
	Mobile No:	E-mail:				
Time Slot chosen:						
Tick as appropriate						
	Mor	rning				
06 – 07 hr	07 – 08 hr 08 – 09 hr	09 – 10 hr 10 – 11 hr 11 – 12 hr				
	After	noon				
12 – 13 hr						
Move	For	lealth & Fue				
Waiver (MUST BE SI	GNED)					
		gned, confirm that we will participate in the Move				
for Health and Fun Nation	nal Relay organized by the N	Ministry of Youth Empowerment, Sports and				
Recreation. The Ministry	shall not be liable for any ac	cident / mishap during the course of the activity. We				
also undertake to comply	with all instructions that ma	y be given to me by the responsible officers. We				
attest that we are physica	lly fit and sufficiently trained	I for the completion of this event. Furthermore, we				
hereby grant full permission	on to use our names, photo	graphs and videos of this event in which we may				
appear for any legitimate	purpose, including advertisi	ng and promotion.				

SN	NAME	Identity Card No	Mobile Number	Slot
1				00.00
2				06:00
3				07:00
4				
1				07:00
2				-
3				08:00
4				
1				08:00
2				-
3				09:00
4				
1				09:00
2				-
3				10:00
4				
1				10:00
2				-
3				11:00
4				
1				11:00
2				-
3				12:00
4				

1			42.00
2			12:00
3			13:00
4			
1			40.00
2			13:00
3			- 14:00
4		2220	
1			
2			14:00
3			- 15:00
4			10.00
1	7.	Big the	
2		V. T.	15:00
3		1	- 16:00
4			10.00
1			
2			16:00
3			- 17:00
4			17.00
1			
2	,		17:00
3		1	- 18:00
4	,		10.00







