To : Head, Department of Student Affairs

Name of Applicant : _____IC No: _____

Correspondence Address & Contact No. :_____

_____

_____

Name of Club /Society (if applicable) : _____

Post / Designation (if applicable) : _____

Name of Sports Event / ECA : _____

Objectives of Sports Event / ECA : _____

_____

Date(s) : From _____ to_____

Name of Organiser and Contact person : _____

Address & Contact no. of Organiser : _____

_____

Details of Sponsorship (Please √ where appropriate)

Sports Event & Extra Curriculum Activity

☐ **Team** (Name list appended) Number Of Team Members _____

Registration Fee RM_____
(Maximum RM 200.00 per pax up to maximum RM2000.00 per team)
Accommodation RM_____
(Maximum RM100.0 per pax per day up to maximum RM1000.00 per team per day)
Transport RM_____
(Maximum RM200.0 per pax up to maximum RM2000.00 per team)
Subsistence Allowance RM_____
(RM50 per pax per day up to maximum RM500 per team per day)
Flight (Case by case basis) RM_____

Total Amount **RM_____**

☐ **Individual**

Registration Fee (Maximum up to RM 200.00) RM_____
Accommodation (Maximum RM100 per day) RM_____
Transport (Maximum up to RM 200.00) RM_____
Subsistence Allowance (RM50 per day) RM_____
Flight (Case by case basis) RM_____
Total Amount **RM_____**

DECLARATION BY STUDENT

I_____, NRIC_____ declare that the above information and documents submitted are true and correct, and understand that if I am offered the sponsorship, the University reserves the right to withdraw the offer at any stage if it is found that the information given is incorrect.

Date:_____ _____

Signature of Applicant

For DSA Office Use Only

Received: _____ Name of Officer in Charge: _____

Remark: _____

ACKNOWLEDGEMENT

I, _____, Student ID Number: _____ hereby declare that I have received sponsorship from UTAR amounting to RM_____ for the event: _____ held at _____ on_____.

By signing this form, I hereby confirm that I fully understand **:**

1. the terms & conditions of the sponsorship;
2. it is my sole responsibility to look after my own safety for the above event sponsored by UTAR. In the event of any misfortune or accidental injury involving me, whether or not due solely to personal negligence or otherwise, I hereby declare that the University shall not be held responsible. Should any other person suffer such accidental injury as a result of any act whatsoever or omission on my part, I hereby undertake full responsibility, and I indemnify the University against any claims make against it in relations to such accidental injury;
3. if I fail to attend the above event without valid reason given in writing prior to the event, I agree to refund the full amount incurred by me, as determined by UTAR;
4. if any prize money is won during the competition, I will contribute 20% of the prize money to UTAR;
5. application for sponsorship is to be supported by documentary proof of representing UTAR;
6. application must be completed and submitted to DSA at least 8 weeks before the commencement of the event .

Declared and agreed by,	Witnessed by,	Witnessed by,
_____	_____	_____
(Recipient)	(Chairman/Vice Chairman of Club/Soc)	(Advisor or DSA Officer)
Name: _____	Name: _____	Name: _____
Date: ____/_____/20____	Date: ____/____/20____	Date: ____/_____/20____

NAME OF EVENT:_____ **DATE(S):** _____

STUDENT LIST

TEAM MEMBERS INFORMATION				
No.	**Name**	**IC No.**	**Student ID**	**Contact Number**
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