To : Head, Department of Student Affairs

Name of Recipient : _____IC No: _____

Correspondence Address & Contact No. : _____

_____

_____

Name of Club /Society (if applicable) : _____

Post / Designation (if applicable) : _____

Name of Sport / ECA : _____

Objectives of Sports Event / ECA : _____

_____

Date(s) : From _____ to _____

Name of Organiser and Contact person : _____

Address & Contact no of Organiser : _____

_____

Details of Sponsorship for Sports Event & ECA (Please √ where appropriate)

A. REGISTRATION FEES

□ **Team** (name list appended) Maximum RM600.00 per entire team

Number Of Team Members: _____ Amount Sponsored: RM _____

□ **Individual** Maximum RM120.00 Amount Sponsored: RM _____

B. ACCOMMODATION

□ Maximum RM40/pax/day Number of days: _____ Amount Sponsored: RM _____

Note: Students who have been provided free accommodation by the event organiser shall not claim accommodation allowance. Accommodation is on sharing basis.

C. TRANSPORT

□ University Transportation Amount Sponsored: RM _____

□ Public Transport (preferably bus) rates or mileage for car pooling (whichever is lower)

Amount Sponsored: RM _____

□ Flight for East Malaysia only (Case by case basis) Amount Sponsored: RM _____

D. MEAL ALLOWANCE

□ **> 4 hrs but less than 8 hrs** RM 8 x _____ pax Amount Sponsored: RM _____

□ **8 hrs and more** RM 15 x _____ pax X ____day Amount Sponsored: RM _____

Note:
A student shall not be eligible to claim meal allowance if meals are provided by the event organiser.
Meal allowance is payable only if duration of event exceeds FOUR (4) hours per day (include travelling time).

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.

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____

For DSA Office Use Only

Acknowledged Receipt by,

_____
Signature

_____ _____ Date: ____/____/20____
Name of Officer in Charge Name of Campus

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

SPONSORED STUDENT LIST

TEAM MEMBERS INFORMATION				
No.	**Name**	**IC No.**	**Student ID**	**Contact Number**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				