

FLORIA 2014 COMPETITION REGISTRATION FORM

Name in Full	Male / Female	Age: (yrs)
	E-mail Address	

Nationality	NRIC/Passport No.	Occupation
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Contact Mobile No: (+country code-phone number)	Company / School Name and Address (as applicable)
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Please tick ONLY 1 (one) category per entry form.

Competition Registration Form MUST be received by FLORIA Secretariat no later than 5.00pm on 30th May, 2014.

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| <input type="checkbox"/> FLORIA CUP Competition – 3 pieces:
1) Competition theme - Reception Theme | <input type="checkbox"/> Designer's Choice | <input type="checkbox"/> Surprise Package |
| <input type="checkbox"/> Water Feature Garden | <input type="checkbox"/> Potted Garden | |
| <input type="checkbox"/> Body Flowers – Fantasy Characters (Mannequins provided)
Preferred mannequin: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Bridal Bouquet | |

Declaration

- *By entering the Putrajaya FLORIA 2014 Floral Design Competition, I acknowledge that I have read, and understand the General Guidelines and Official Rules and Regulations, and agree to strictly abide, and be governed by them throughout the duration of the competition.*
- *I further understand that while the Event and Competition organizers (PPJ and LFDA) will exercise due caution in safeguarding competition exhibits, the organizers will not be responsible for any injury or loss that may arise.*
- *I also agree to indemnify and save harmless the organizers, from and against, any liability, claim, loss or expense arising out of any loss, injury or damage to persons, property and competition exhibits whatsoever, which is caused by, arises from, or is in any way connected with participation in this competition.*
- *I give permission to the Event and Competition organisers to use any information in my application for publicity purposes in promoting and creating value for the enhancement of Putrajaya Flower & Garden Festival. I release title, claim and rights to any design and/or promotional material on my competition exhibit for this said purpose.*

Please email ALL COMPLETED FORMS to floria@lfda.my

Signature

Date

For office use