



ទិវារត់ប្រឆាំងអន្តរជាតិពាក់កណ្តាលម៉ាយ លើកទី២២ នៅអង្គរវត្ត

22nd ANGKOR WAT INTERNATIONAL HALF MARATHON

Building a better future. Aid for children and disabled people in Cambodia

Sunday 03 Dec-2017

Registration Form

Reference Code: _____

Race Category	Gender	Age	Expatriate		Cambodian
			Now-30 Sep'17	01 Oct-01 Nov'17	Now - 01 Nov'17
<input type="checkbox"/> Half Marathon (21km)	Men/Women	16yrs to Up	USD 45.00	USD 55.00	USD 15.00
<input type="checkbox"/> 10km Road Race	Men/Women	13yrs to Up	USD 40.00	USD 50.00	USD 12.00
<input type="checkbox"/> 03km Family Run	Open	Open	USD 20.00	USD 30.00	USD 5.00
<input type="checkbox"/> 21km Wheel Chair	Men/Women	16yrs to Up	Free	Free	Free
<input type="checkbox"/> 10km Artificial Leg/Arm	Men/Women	16yrs to Up	Free	Free	Free

** All entry fees cannot refund, change race category, and transfer to other runners!

Received By: _____

Pre-Gala Dinner Party / 02 December, 2017

Ticket Fee US\$/Person

Eve' Party Location : Bayon Temple USD 65.- Adult
 Date & Time : 02 December, 2017 @18:30-20:30 USD 30.- Child*
 Inclusive : 01 Soft drink, Buffet Dinner with Traditional Cambodian Dances & Transportation *under 12years

Course Inspection / 02 December, 2017

Ticket Fee US\$/Person

Course Inspection : Sokha Siem Reap (Street 60) USD 20.-/person
 Date & Time : 02 December, 2017 @ 1st: 0900AM & 2nd: 1030AM
 Inclusive : 01 Fresh water & accompany by English guide
 Amount US\$: _____

Participant's Information

Family Name : _____ Given Name: _____
 Date of Birth : _____ Age: _____ Nationality: _____ Sex: _____
 Occupation : _____ Tel: _____ Email: _____
 Address in Cambodia: _____
 T-shirt Size (please circle one) **S M L XL** (please tick one)
 How did you know Angkor Wat International Half Marathon event? Brochures | Friends | Newspaper | TV
 Additional comment: _____ Website | Poster | Participated year of

Medical History

1. Do you have any medical condition Yes | No If yes, please specify _____
 2. Do you have any allergies? Yes | No If yes, please specify _____
 Emergency Contact: _____ Telephone: _____

Declaration

I agree to abide by the AWHM rules. I am medically fit to run and understand that I enter at my own risk and that the organizers, sponsors will not be held responsible for any loss, damage, action, claim, injury, or illness which may arise as a result of my participation. Minimum age of participant: 13years on race day.

Signature: _____

Date: _____



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CONFIRMATION Sheet

Reference Code: _____

*Please kindly bring this confirmation after you made payment to present our team to get your race kit with below :

Race Package Collection Site

Category

Location : Sokha Siem Reap Resort & Convention(stree 60) Half Marathon
 Address. : Road60, Phum Trang,S/k Slorkram, REP, Cambodia 10km Race
 Date & Time : 30 November, 2017 @ 09:00AM-18:00PM (Thursday) 03km Fun Run
 01 December, 2017 @ 09:00AM-18:00PM (Friday)
 02 December, 2017 @ 09:00AM-20:00PM (Saturday)
 Contact no. : (+855)15 213 525 / (+855)86 213 525 / (+855)87 665 569

Runner Name : _____
 Nationality : _____ Age: _____ Gender: _____ T-shirt Size: _____
 Approved By : _____ Date: _____ Total amount paid: _____

** All registration fees non-refundable, non-transferable to another competitor, non-transferable to other events **