



02-Dec-2018

23rd ANGKOR WAT INTERNATIONAL HALF MARATHON

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

Registration Form

Reference Code: _____

Race Category	Gender	Age	Expatriate	
			Now-28 Sep'18	29 Sep'18-30 Oct'18
<input type="checkbox"/> Half Marathon (21km)	Men/Women	16yrs to Up	USD 45.00	USD 55.00
<input type="checkbox"/> 10km Road Race	Men/Women	13yrs to Up	USD 40.00	USD 50.00
<input type="checkbox"/> 03km Family Run	Open	Open	USD 20.00	USD 30.00
<input type="checkbox"/> 21km Wheel Chair	Men/Women	16yrs to Up	Free	Free
<input type="checkbox"/> 10km Artificial Leg	Men/Women	16yrs to Up	Free	Free

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

Received By: _____

Pre-Gala Dinner Party / 01 December, 2018

Ticket Fee US\$/Person

Event Party Location : **The Ancient Bayon Temple (13th Century)** USD 55.- Adult
 Date & Time : 01 December, 2018 @18:30-20:30 USD 25.- Child*
 Inclusive : Soft drink, Buffet Dinner with Traditional Cambodian Dances & Transportation *under 12years

Course Inspection / 01 December, 2018

Ticket Fee US\$/Person

Course Inspection : **Courtyard by Marriott Siem Reap Resort (shuttle bus location)** USD 20.-/person
 Date & Time : 01 December, 2018 @ 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**
44-50cm x 61-68cm 48-54cm x 65-71cm 52-60cm x 70-76cm 54-61cm x 75-81cm

(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

Location : **Courtyard by Marriott Siem Reap Resort**
 Address. : #0609, Road No.6A, Phum Chongkoesou, Khum Slor Kram, Siem Reap.
 Date & Time : **29 November, 2018 @ 09:00AM-18:00PM (Thursday)**
30 November, 2018 @ 09:00AM-18:00PM (Friday)
01 December, 2018 @ 09:00AM-20:00PM (Saturday)
 Contact no. : 015 213 525 / 069 213 525 / 016 253 521

Category

Half Marathon
 10km Race
 03km Fun Run

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 **