



3KM FAMILY FUN RUN

23rd September 2018 • TAMAN SOAS, BANDAR SERI BEGAWAN • Assembly Time: 6:30 AM

PERSONAL INFORMATION

REGISTRATION FORM

ASSOCIATION NAME: CHINESE CHAMBER OF COMMERCE

CONTACT PERSON: JOFFIRY Mobile/Phone No.: 8838868 Email Address: joffiry@lantana-services.com

ADDRESS: NO 6, SPG 1185-73-193-11, RPN BKT BERUANG, TUTONG.

FAMILY MEMBERS NAME:

Name: JOFFIRY RIFIN	Birthdate: 14/7/1973	Gender: M	Email Address: joffiry@lantana-services.com	IC No.: 00251954	Blood Type:
Name: SANTY LAY	Birthdate: 31/05/1990	Gender: F	Email Address:	IC No.: 51209984	Blood Type:
Name: JONAS JOFFIRY	Birthdate: 06/07/2012	Gender: M	Email Address: II	IC No.: -	Blood Type:
Name: JOVANN JOFFIRY	Birthdate: 13/10/2013	Gender: M	Email Address: II	IC No.: -	Blood Type:
Name: MAIRI LOWSIT	Birthdate: 14/04/1949	Gender: F	Email Address: II	IC No.: 30081844	Blood Type:
Name: NURFATIN ABDULLAH	Birthdate: 27/07/1971	Gender: F	Email Address: II	IC No.: 01048438	Blood Type:

IMPORTANT REMINDER:

1. Assembly time is at 5:30 am in Taman Soas, Bandar Seri Begawan. Run will start exactly at 6:00 am.
2. Children must be accompanied by their parents during the event.
3. Wear comfortable clothes and shoes. You may also bring extra clothes for you to change.



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ASSOCIATION NAME: _____

CONTACT PERSON: _____ Mobile/Phone No.: _____ Email Address: _____

ADDRESS: _____

FAMILY MEMBERS NAME:

Name: _____	Birthdate: _____	Gender: _____	Email Address: _____	IC No.: _____	Blood Type: _____
Name: _____	Birthdate: _____	Gender: _____	Email Address: _____	IC No.: _____	Blood Type: _____
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3. Wear comfortable clothes and shoes. You may also bring extra clothes for you to change.



SCAVENGER HUNT

23RD September 2018 • TAMAN SOAS, BANDAR SERI BEGAWAN • Game starts at 9:30 AM

PERSONAL INFORMATION

REGISTRATION FORM

ASSOCIATION NAME: _____

CONTACT PERSON: _____ Mobile/Phone No.: _____ Email Address: _____

ADDRESS: _____

FAMILY MEMBERS NAME:

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

GAME MECHANICS

1. Complete each task that is given on the list. First team to complete or the most number of completed task wins the game.
2. Make sure that you read the instructions carefully, ensure that the photos are clear and easy to view.
3. Game will start at 9:30 AM and will end at 1:00 PM.
4. Teams can submit the photos to authorized personnel to check and verify on or before the given time, fastest team to complete wins.

LIST OF TASKS

TAKE A PICTURE OF THE FOLLOWING:

ORGANIZER'S CHECK LISTS

PARTICIPANT'S CHECK LIST

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Participant/s of Family Fun Run |
| <input type="checkbox"/> | <input type="checkbox"/> Selfie in the Entrance Arch. |
| <input type="checkbox"/> | <input type="checkbox"/> Selfie at the Stage. |
| <input type="checkbox"/> | <input type="checkbox"/> Bingo cards that you played. |
| <input type="checkbox"/> | <input type="checkbox"/> Your family participating in Games and Activity. |
| <input type="checkbox"/> | <input type="checkbox"/> Holding a Cat/s in Cats and Reptiles Show. |
| <input type="checkbox"/> | <input type="checkbox"/> Win in one of the Solo Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Participant/s in the Parent and Child Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Participant/s in Family Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Food for your lunch / snacks. |
| <input type="checkbox"/> | <input type="checkbox"/> Drinks that you're holding. |
| <input type="checkbox"/> | <input type="checkbox"/> Bouncing child in the bouncer/s. |
| <input type="checkbox"/> | <input type="checkbox"/> Wacky picture of your family. |
| <input type="checkbox"/> | <input type="checkbox"/> Picture with the host / emcee. |
| <input type="checkbox"/> | <input type="checkbox"/> Win in one of the games in Fun Booth. |
| <input type="checkbox"/> | <input type="checkbox"/> A child enjoying in Mini Rides. |
| <input type="checkbox"/> | <input type="checkbox"/> Family enjoying the bubbles. |
| <input type="checkbox"/> | <input type="checkbox"/> Face painting in your face. |

TAKE A PICTURE OF THE FOLLOWING:

ORGANIZER'S CHECK LISTS

PARTICIPANT'S CHECK LIST

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Balloon hat in your head. |
| <input type="checkbox"/> | <input type="checkbox"/> Medics that are on stand by. |
| <input type="checkbox"/> | <input type="checkbox"/> Panorama of the venue. |
| <input type="checkbox"/> | <input type="checkbox"/> Holding Hands of your Mom and Dad. |
| <input type="checkbox"/> | <input type="checkbox"/> Siblings playing games. |
| <input type="checkbox"/> | <input type="checkbox"/> Buying things in Dry Goods Area. |
| <input type="checkbox"/> | <input type="checkbox"/> Prize claimed from Fun Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Playing Bingo Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Taichi / Wushu Performers. |
| <input type="checkbox"/> | <input type="checkbox"/> Picture inside the bouncer playing. |
| <input type="checkbox"/> | <input type="checkbox"/> Vertical lamppost / Banner Billboard. |
| <input type="checkbox"/> | <input type="checkbox"/> Scavenger Hunt List that has 10 checks (|
| <input type="checkbox"/> | <input type="checkbox"/> Family picture in the event. |
| <input type="checkbox"/> | <input type="checkbox"/> Family Fun Run Poster / Banner. |
| <input type="checkbox"/> | <input type="checkbox"/> Face paint of Parent & child. |
| <input type="checkbox"/> | <input type="checkbox"/> Parent & child playing bubbles. |
| <input type="checkbox"/> | <input type="checkbox"/> Family participating in Games. |
| <input type="checkbox"/> | <input type="checkbox"/> Family enjoying the food eating. |



PERSONAL INFORMATION

ASSOCIATION NAME: _____

CONTACT PERSON: _____ Mobile/Phone No.: _____ Email Address: _____

ADDRESS: _____

FAMILY MEMBERS NAME:

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

Name: _____ Birthdate: _____ Gender: _____ Email Address: _____ IC No.: _____

GAMES & ACTIVITIES

(Please check the Games / Activities you want to participate)

GAME REGISTRATION IS "FIRST COME, FIRST SERVE BASIS" DUE TO LIMITED SLOTS PER GAME ONLY.

SOLO GAMES

(Any one (1) of Family Member Only per Game)

(PLEASE CHECK ONE (1) SET ONLY PER GAME)

10-Minute Game Interval

SUCK IT UP

STACK ATTACK

NUT STACKER

SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8	SET 9	SET 10	SET 11	SET 12	SET 13	SET 14	SET 15	SET 16	SET 17	SET 18	SET 19	SET 20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20-Minute Game Interval

DIG THE COIN

SODA DRINKING CONTEST

HANGING APPLE EATING CONTEST

THIS BLOW

PINGPONG TOSS

SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8	SET 9	SET 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40-Minute Game Interval

PIZZA EATING CONTEST

WATERMELON EATING CONTEST

SET 1	SET 6	SET 11	SET 16	SET 20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT & CHILD GAMES

(Consist of 1 Parent & 1 Child Only)

(PLEASE CHECK ONE (1) SET ONLY PER GAME)

THREE-LEGGED RACE

WATER RELAY RACE

TYRE RELAY RACE

BLINDFOLD COLLECTION

BALLOON TOSS

SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERY SET
HAS A
30-MIN GAME
INTERVAL
FROM
9:30AM TO 1:30PM

FAMILY GAMES

(Group of 3 to 4 Family Members)

(PLEASE CHECK ONE (1) SET ONLY PER GAME)

PLANK WALK

TUG-OF-WAR

SACK RACE

BALL CARRYING RELAY RACE

TRANSPORT IT

SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERY SET
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WINNER'S CLAIM STUB

ASSOCIATION NAME: _____

CONTACT PERSON: _____

Mobile/Phone No.: _____

THIS SECTION IS TO BE SIGNED BY ORGANIZERS/AUTHORIZED PERSONNEL ONLY

WINNER'S CLAIM STUB

ORGANIZER / AUTHORIZED PERSON NAME: _____

Date : _____

ITEM/S: _____

GAMES & ACTIVITIES

(Please CHECK (✓) AND SIGN) the Games / Activities the participants won)

SOLO GAMES

(Any one (1) of Family Member Only per Game)

10-Minute Game Interval	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8	SET 9	SET 10	SET 11	SET 12	SET 13	SET 14	SET 15	SET 16	SET 17	SET 18	SET 19	SET 20
SUCK IT UP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STACK ATTACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUT STACKER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-Minute Game Interval	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8	SET 9	SET 10										
DIG THE COIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
SODA DRINKING CONTEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
HANGING APPLE EATING CONTEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
THIS BLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
PINGPONG TOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
40-Minute Game Interval	SET 1	SET 6	SET 11	SET 16	SET 20															
PIZZA EATING CONTEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
WATERMELON EATING CONTEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

PARENT & CHILD GAMES

(Consist of 1 Parent & 1 Child Only)

	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8
THREE-LEGGED RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER RELAY RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYRE RELAY RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLINDFOLD COLLECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BALLOON TOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(Group of 3 to 4 Family Members)

	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6	SET 7	SET 8
PLANK WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUG-OF-WAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SACK RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BALL CARRYING RELAY RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORT IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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