MAVERICK EXPLORER PROGRAMME
Application Form

Participants Details

All particulars will be verified & require authentic supporting documents

Name: ____Passport No:_______________________

School/
Company: ____

Educational Level: Primary / Secondary / Tertiary

Business Nature: ____
If this is the 1st time you are attending our programme, please fill in the following fields* in as much detail as possible

Designation: ___________________________________

Address: ____

DOB: ______________________ SEX: _________________ AGE: ____________________

Tel*: ______________________ Fax*: ___________________ H/P*: _______________________

Email*: ____

Please indicate your interests:

Explorer Ultimate
Explorer Executive
Explorer Family
Explorer Basic

Please make cheque payable to ' MJS International Pte Ltd '
For all other modes of payment kindly contact us.
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Whilst MJS take all the necessary precautions to ensure the safety of participants, it shall not be held responsible for any injuries caused as a result of the participant not adhering to the safety instructions and liabilities arising from it.

Sign: ____________________________ Date: ________________________________

Programme and prices are subjected to change without notice