

SAVE THE DATE

Join us to support
Arthritis Patients
#afmwheelpower



**AFM WHEEL
POWER**

2nd October 2022
Sunday, 6.30am-2.00pm
Jalan Doraisamy, Kuala Lumpur


**SCAN FOR EVENT INFO
AND TO REGISTER NOW**



www.afmwheelpower.com



 @ArthritisFoundationMalaysia
 hello@afmwheelpower.com

Participation

- Category 1** **Individual 13 & above**
(25km Route Solo Cycling)
Entry: RM100 Donation*
- Category 2** **Individual Kids Below 12**
(6km Route with Guardian)
Entry: RM50 Donation*
- Category 3** **Teams** 
(4 per Team, Scavenger Hunt 6km Route)
Entry: RM200 Donation*

**LHDN Tax Exemption Receipt provided*

Family-Fun Activities

-  Sunday Car Free Cycling Trail (25km)
 -  Team Scavenger Hunt Fun Ride (6km)
 -  Finisher Lucky Draws worth RM10k
 -  Participant Goodie Bags
 -  Yummy Grazing Table
 -  Health Talks
 -  Activity Booths
-and more!


ARTHRITIS
FOUNDATION MALAYSIA



Registration Form

Main Participant Contact Information

Please fill in the form in CAPITAL LETTERS

Select A Category

1 Individual
 Category (25km Route)
 Entry: RM100 Donation*

2 Individual Kids
 Category (6km Route)
 Entry: RM50 Donation*

3 Teams 
 Category (4 per Team, Scavenger Hunt 6km Route)
 Entry: RM200 Donation*

*LHDN Tax Exemption Receipt provided

Main Participant Full Name (as per NRIC/ Passport)
 (For Teams - an e-form will be emailed for remaining 3 Members' submission)

Main Participant NRIC/ Passport
 (For Teams - an e-form will be emailed for remaining 3 Members' submission)

Email Address
 (For Kids - please state Guardian's Email)

Mobile Number
 (For Kids - please state Guardian's Mobile Number)

Guardian Name (For Kids Participant Only)

Payment Instructions

Please transfer payment to
 Arthritis Foundation Malaysia
 with your Mobile Number
 in the Reference Column

Bank: MAYBANK
 Account: 5140-1114-4237

Please state Income Tax Exemption Receipt Recipient
 (Full Name as per NRIC/ Full Company Name)

- With this submission I confirm that all information submitted is true and accurate, and indemnify the Arthritis Foundation Malaysia (AFM), its Organisers and Partners from all mishaps that may occur from this participation.
- I am interested to Sponsor/ Partner with AFM Wheel Power. Please contact me for a discussion (contact details above).

Date Signed:

FOR SECRETARIAT USE ONLY

AMOUNT RECEIVED :

PAYMENT DATE :

RECEIPT NUMBER :

ISSUED BY :

PAYMENT TYPE:

() Cash

() Online Transfer

() Cheque

*Cheque Number: