

REGISTRATION FORM

Team Name :

University Name :

University Address :

Phone/Faximile :

Email :

PARTICIPANTS DATA

1. TEAM LEADER

Full Name :

Student Identity Number :

Date of Birth :

Gender :

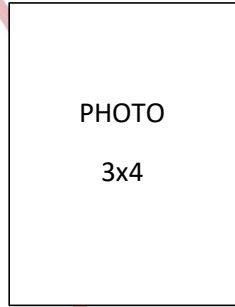
Study Program :

Semester :

Home Address :

Nationality :

Phone/Faximile :



2. TEAM MEMBER

Full Name :

Student Identity Number :

Date of Birth :

Gender :

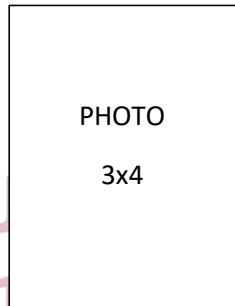
Study Program :

Semester :

Home Address :

Nationality :

Phone/Faximile :



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3. TEAM MEMBER

Full Name :

Student Identity Number :

Date of Birth :

Gender :

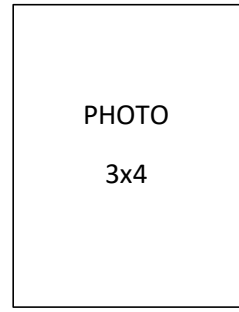
Study Program :

Semester :

Home Address :

Nationality :

Phone/Faximile :



4. SUPERVISOR

Full Name :

Employee Identity Number :

Date of Birth :

Gender :

Skills and Expertise :

Office/Work Unit :

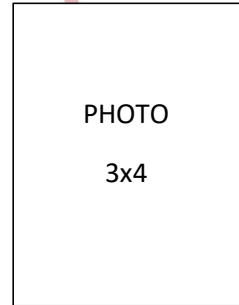
Office/Work Unit Address :

Home Address :

Nationality :

Phone/Faximile :

Email :



Education :

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Experience :

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PARTICIPATION STATEMENT

The undersigned below :

Full Name :

Date of Birth :

University Name :

Student Identity Number :

Study Program :

Semester :

University Address :

Postal Code :

Home Address :

Phone :

Representing my team consisting of :

Supervisor :

Students : (1)

(2)

(3)

States are willing to follow International Roof Truss Design Competition 2019 organized by Keluarga Mahasiswa Teknik Sipil, Universitas Gadjah Mada as well as the rules and regulations set by the committee.

**INTERNATIONAL ROOF TRUSS
DESIGN COMPETITION 2019**

Approved by,
Head of Departement/Head of Study Program

Sincerely,
Team Leader

(.....)

(.....)