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| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | munax200 |  |  |
|  | | **ROTARY DISTRICT 9810**  **MODEL UNITED NATIONS ASSEMBLY (MUNA**)  **SATURDAY MAY 2nd and SUNDAY MAY 3rd, 2020** | | | |  |

**STUDENT REGISTRATION FORM**

**PLEASE FILL OUT ALL SECTIONS IN BLOCK LETTERS**

**ROTARY CLUB INFORMATION:**

|  |  |
| --- | --- |
| **Name of Sponsor Club** |  |
| **Name of Sponsor Club Representative** |  |

**SCHOOL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** |  | | |
| **Student’s Year Level** |  | Contact teacher |  |
| **Teacher’s phone (school)** |  | **Mobile (optional)** |  |
| **Teacher’s email** |  | | |

**STUDENT INFORMATION – Please print clearly using block letters. All future correspondence will use the details you provide here:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Male/Female** |  | **Date of Birth** |  |
| **Address** |  | | |
| **Suburb** |  | **Post Code** |  |
| **Email Address**  (must be easy to read) |  | | |
| **Mobile Phone** (must be easy to read) |  | **Home Phone** |  |
| **Cultural background** |  | **Language(s) studied** |  |
| **Have you participated in MUNA before?** | |  | |
| **Any special needs (Dietary/Medical/Physical)** | | | |

**STUDENT’S AUTHORISATION:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** permit the MUNA Committee to provide my name and contact details (email address and telephone number) to my fellow delegates.

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian to Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application closing date: FRIDAY 6th March 2020**