Model United
Nations
Assembly

District 9640



 **For all enquiries contact: PO Box 6087 Tweed Heads South NSW 2486 District Governor:**

 **District 9640 MUNA Chair E:** **jessicakeast@yahoo.com** **Dave Harmon**

 **Jessica Keast M: 0429 922 296**

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**TEAM REGISTRATION FORM**

**Saturday 6th April 2024**

***If you would like to take part in MUNA 2024, please fill in your details in the Event Registration Form below.***

***If you’re planning to register more than one team, please complete this form for each of your teams.***

***There is a limit of three teams per School or Rotary Club***

***Registrations will be confirmed by receipt of payment of $400 per team\****

School name

|  |
| --- |
| Click or tap here to enter text. |

Teacher name Teacher phone number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

Teacher email address

|  |
| --- |
| Click or tap here to enter text. |

Funding:

[x]  Sponsored by Rotary Club

[ ]  Self-funded

Sponsoring Rotary Club

|  |
| --- |
| Click or tap here to enter text. |

Name of Student #1 Age of Student #1

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

[ ]  Vegan [ ]  Gluten free
[ ]  Vegetarian [ ]  Lactose intolerant
[ ]  Kosher [ ]  None

Emergency Contact Name for Student #1 Emergency Contact Phone Number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  |  | Click or tap here to enter text. |

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Name of Student #2 Age of Student #2

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

[ ]  Vegan [ ]  Gluten free
[ ]  Vegetarian [ ]  Lactose intolerant
[ ]  Kosher [ ]  None

Emergency Contact Name for Student #2 Emergency Contact Phone Number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

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Name of Student #3 Age of Student #3

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| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

[ ]  Vegan [ ]  Gluten free
[ ]  Vegetarian [ ]  Lactose intolerant
[ ]  Kosher [ ]  None

Emergency Contact Name for Student #3 Emergency Contact Phone Number

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| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

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