

**Sotogrande International School**

**Model United Nations Conference**

**20 – 23 September 2018**

**Registration Part 2**

**Name of School:** …………………………………………………………………………………………………………

**Please copy /paste as many Delegate templates as required**

**MUN Director 1**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Specific dietary requirements / restrictions:**

…………………………………………………………………………………………………………………………………..

**Disabilities / allergies / known health issues:**

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**MUN Director 2**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Delegate 1**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 2**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 3**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 4**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 5**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 6**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 7**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 8**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 9**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………

**Delegate 10**

**First name:** ………………………………………………………………………………

**Family name:** ………………………………………………………………………………………………………....

**Gender (M/ F):** ………………………

**Date of Birth (DD/MM/YYYY):** …….…… / ………….. / ………………………

**Specific dietary requirements / restrictions:**

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**Disabilities / allergies / known health issues:**

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**Committee & Country :** ……………………………………………………………………………………………