

**Sotogrande International School**

**Model United Nations Conference**

**26 – 29 September 2019**

**Registration Part 2**

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

**MUN Director/ Accompanying teacher 1**

**First name:** ……………………………………………………………… **Gender (M/ F):** …………………

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

**Contact email ………………………………………………………………………….**

**Mobile no. ……………………………………………………………………………………**

**Specific dietary requirements / restrictions:**

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

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**MUN Director/ Accompanying teacher 2**

**First name:** ……………………………………………………………… **Gender (M/ F):** …………………

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

**Contact email ………………………………………………………………………….**

**Mobile no. ……………………………………………………………………………………**

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**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):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**Specific dietary requirements / restrictions:**

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

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

**Delegate 11**

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

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

**Gender (M/ F):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**Specific dietary requirements / restrictions:**

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

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

**Delegate 12**

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

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

**Gender (M/ F):** ………………… **Age** (at 20th September) ………….

**Email** ……………………………………………………………………………..

**Mobile** ……………………………………………………………

**Specific dietary requirements / restrictions:**

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

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