



School Registration Form

School Information

School Name:

School Address:

City:

Country:

School Email Address:

School Telephone Number:

Mobile Number:

School Fax Number:

Delegation Information

We will bring a total number of _____ participants and _____ MUN-Directors.

We intend to participate in the delegate dance on 21-02-2014 with _____ people. ☐ Yes ☐ No

If yes, please state the number of: Student Officer (s) _____

Our school has participated in the CAMUN Conference in the past. ☐ Yes ☐ No

Our school has participated in an MUN programme in the past. ☐ Yes ☐ No

Country Delegation(s) Requested: _____

Preferred Delegations (in order of preference):

- | | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

Please indicate here if you would like **more than two** delegations: _____ ☐ Yes ☐ No



We confirm our school's participation in CAMUN'14 to be held from 20th to 22nd February at Cambridge High School, Abu Dhabi. We understand fully our obligations with regard to attendance, fees and deadlines and agree to abide by all conditions and requirements of CAMUN 2014.

Date

Signature of MUN Co-ordinator

Name:

Signature of Principal

Name:

School Seal