

Nomination Form

MODEL UNITED NATIONS ASSEMBLY
DELORAINÉ COMMUNITY COMPLEX
SATURDAY 20TH MAY and SUNDAY 21ST MAY, 2017

ALL INFORMATION IS REQUIRED. INCOMPLETE DATA MAY MEAN YOU MISS OUT.

Applications will be dealt with on a first in, first served basis.

Multiple team nominations must be on separate forms.

NOMINATIONS CLOSE 1ST MAY, 2017

For efficiency, emailed responses are preferred, otherwise post is accepted.

Original permission and disclaimer forms MUST be posted or scanned in from the school & emailed to the MUNA coordinator by 12th MAY, or teams will not be permitted to participate in the conference.

When completing the form please choose five countries in the order of your preference. Go to <http://www.un.org/en/members/growth.shtml> , Try to choose countries from different regions of the world. If you have any difficulties with the form please email me.

ENTRY FEE \$245/TEAM to be paid by the sponsoring Rotary Club. The Rotary Club of Deloraine will invoice or receipt the sponsoring club. **Your sponsoring Rotary Club and contact Rotarian details must be included on the form.**

Please ensure your school is identified in all correspondence, at least in the subject line of the emails. Please use the comments & requests section at the foot of the nomination form. Hopefully this system will help us with accurate and speedy flow of information.

Contact details

Annette Viney (MUNA Coordinator)

Phone: 0412437417

Email : tasmuna@gmail.com

Postal address – Rotarian Annette Viney
MUNA director
30A Lansdowne Place
Deloraine 7304

HIGH SCHOOL

MUNA COORDINATING TEACHER NAME

TEACHER EMAIL ADDRESS

CONTACT PHONE

ATTENDING COUNSELLOR NAME if applicable.

Counsellors MOBILE NUMBER

SPONSORING ROTARY CLUB (VERY IMPORTANT)

SELECT FIVE COUNTRIES IN ORDER OF PREFERENCE

- 1
- 2
- 3
- 4
- 5

IS THIS TEAM A MULTIPLE ENTRY FOR YOUR SCHOOL?

MUNA NOMINATION FORM

FIRST STUDENT

SEX:

NAME:

ADDRESS

HOME PHONE

ANY MOBILE NUMBERS

EMAIL ADDRESS:

DO YOU REQUIRE BILLETING? YES NO

IF YOU ARE COMING FRIDAY GIVE BRIEF DETAILS

ARE YOU A VEGETARIAN?

IN CASE OF AN EMERGENCY ARE YOU TAKING MEDICATION? Details below.

DO YOU HAVE ANY ALLERGIES?

SECOND STUDENT

SEX:

NAME:

ADDRESS:

HOME PHONE:

ANY MOBILE NUMBERS:

EMAIL ADDRESS:

DO YOU REQUIRE BILLETING? YES NO

IF YOU ARE COMING FRIDAY GIVE BRIEF DETAILS

ARE YOU A VEGETARIAN?

IN CASE OF AN EMERGENCY ARE YOU TAKING MEDICATION? Details below

DO YOU HAVE ANY ALLERGIES?

Comments / requests