



The South African Model United Nations

An Education Africa project in partnership with UNIC

2017 REGISTRATION FORM

HOST SCHOOL

Province: (tick the correct one)

- Eastern Cape Free State Gauteng KwaZulu-Natal Limpopo
 Mpumalanga Northern Cape North West Western Cape

Type of school: Government or Independent or Other: Specify _____
 Urban or Rural (tick one)

Name of school: _____

Name of city/town your school is situated in: _____

Postal address: _____ (_____)
Postal code

Telephone no: (_____) _____ Fax no: (_____) _____
Dial code Dial code

email: (if available) _____

Physical address _____
of school: _____ (_____)
Postal code

Contact person: Mr Ms First name _____ Surname _____

Telephone contact person: _____ (Cell) (Home) (_____)
Dial code

E-mail contact person: _____

Principal: Mr Ms First name _____ Surname _____

Signature: _____ Date: _____
(Principal - Host School)

PARTNER SCHOOL

Type of school: Government or Independent or Other: Specify
 Urban or Rural (tick one)

Name of school: _____

Postal address: _____ (_____)
Postal code

Physical address: _____ (_____)
Postal code

Telephone no: (_____) _____ Fax no: (_____) _____
Dial code Dial code

email: (if available) _____

Contact person: Mr Ms First name _____ Surname _____

Telephone contact person: _____ (Cell) (Home) (_____)
Dial code

E-mail contact person: _____

Principal: Mr Ms First name _____ Surname _____

Signature: _____ Date: _____
(Principal - Partner School)

Correspondence will only be sent to the host school.

