



Registration Form for GEMUN

Return with payment to:
GEMUN, 6005 Royaloak Dr., Arlington, TX 76016 USA
Or send via email to:
gemunstaff@gmail.com

Advisor/Contact Name

School/Organization Name

Circle grades registering: 4 5 6 7 8

Mailing Address

City

State

Zip

Country

()

School Area Code and Phone Number

()

Home Area Code and Phone Number

()

School Area Code and fax

e-mail

Registration requires full payment for students and sponsors. (Fee for each participating student is \$35.00, for each sponsor, \$25.00.)

Please list your past country assignments:

Total number of students registering: _____
sponsors to receive mailings: _____

@ \$35 ea, amt. for students: \$_____

@ \$25 ea, amt. for sponsors: \$_____

Total amount enclosed: \$_____

NOTE: IF YOU ARE REQUESTING A **PERMANENT MEMBER OF SECURITY COUNCIL**, ATTACH A PARAGRAPH STATING THE REASONS YOU ARE QUALIFIED TO REPRESENT THIS COUNTRY. List below five country choices for each delegation in order of preference. From each set of 5 nations listed, one will be assigned. Use back of sheet if more than 3 delegations are requested.

Delegation #1
(Country choices)

- 1.
- 2.
- 3.
- 4.
- 5.

Delegation #2
(Country choices)

- 1.
- 2.
- 3.
- 4.
- 5.

Delegation #3
(Country choices)

- 1.
- 2.
- 3.
- 4.
- 5.