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| --- | --- |
| **Registration Form National Museum Club National Museum of History For participants 7-16 years Independence Avenue Tel: 248 2822329 Email: jpothin @gov.sc** | Photo  Of  participants |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **School** |  | | | | **Class** |  | |
| **Name** |  | | | | | | |
| **Surname** |  | | | | | | |
| **Address** |  | | | | | | |
| **Date of birth** |  |  | | | |  | |
| **Nationality** |  | | | | | | |
| **N.I.N** |  | | | | | | |
| **Gender** | **Female** | | |  | **Male** | |  |
| **Contact details Telephone number** |  | **Home** | | |  | **Mobile** | |
| **Parent’s email address** |  | | | | | | |
| ***Contact Number & Person***  ***In case Of Emergency*** | | | | | | | |
|  | | |  | | | | |



I………………………………………………… **(Parent/Guardian)** *do give my consent to my* **Son/Daughter** *…………………………………………. To participate in the Natural History Museum Learning Programme*.

Parent/Guardian Signature ……………………………………..Date ……………………