**Seychelles Natural History Museum Registration form 2023**

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| REGISTRATION FORM  NATIONAL MUSEUM CLUB: NATURAL HISTORY MUSEUM  FOR PARTICIPANTS AGED 7-16 YEARS  INDEPENDENCE AVENUE  TEL: +248 2822326 + 248 2514606  EMAIL: nbarreau@gov.sc | Photo |

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Nationality |  |
| Address |  |
| NIN |  |
| Gender |  |
| Name of School |  |
| Class |  |
| Name of Parent |  |
| Contact of parent |  |
| **CONTACT NUMBER & PERSON IN**  **CASE OF EMERGENCY** | |
|  | |

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent /Guardian) do give my consent to my (Son/daughter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the National Museum Club: Natural History Museum

Parent /Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_