**Seychelles Natural History Museum Registration form 2023**

|  |  |
| --- | --- |
| REGISTRATION FORMNATIONAL MUSEUM CLUB: NATURAL HISTORY MUSEUMFOR PARTICIPANTS AGED 7-16 YEARSINDEPENDENCE AVENUETEL: +248 2822326 + 248 2514606EMAIL: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_