

Delegate Registration Card

Name: _____
first name *last name*

High School: _____ YR: FR SO JR SR

HCMUN Organ: _____

HCMUN Country: _____

Home Address: _____
street

_____ *city* _____ *state* _____ *zip code*

Home Phone: () _____

*Please return completed card to the registration table
when picking up your name tag.*

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