

# CONSENT FORM



I, \_\_\_\_\_ give consent to my ward \_\_\_\_\_  
of class and division \_\_\_\_\_ to take part in ISBMUN conference which takes place on the 16<sup>th</sup>  
& 17<sup>th</sup> of May 2025 as a Security / Runner and have attached the conference fee of BHD 12/-

## PREFERRED POSITION

Please tick either one of the options\*

Security



Runner



EMAIL : \_\_\_\_\_

CONTACT NUMBER : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT