

**Registration sheet for school and youth group participation in World Oceans  
Day – 08/06/2014**

**Director or principal of the school / Coach of youth group**

Title:

First name:

Family name:

email:

**Focal point at the school responsible for the partnership project**

Title:

First name:

Family name: s

email:

phone [+countrycode]:

**Information about the school (indicate class as appropriate) / youth group**

Name of the school or youth group:

Type of school (primary, secondary...):

Public or private school? Public  Private

**Contact details - Address:**

Street:

Number:

City:

Zip code:

Province/State:

Country:

Number of pupils/youth in entire school (in participating class): \_\_\_\_\_ (\_\_\_\_)

Other information about the school you want to share (e.g. class or group participating?):

Used *Mundus maris* website or resources already? Yes / No

**Title of your submission**

**In which category do you plan to participate? Tick only one (Fill new form for any other)**

\_\_\_\_\_ Below 12 years video + essay

\_\_\_\_\_ Below 12 years Pecha Kucha + essay

\_\_\_\_\_ 12 years and above video + essay

\_\_\_\_\_ 12 years and above Pecha Kucha + essay

**In partnership with School/Group 1:**

Name of the school or youth group:

Type of school (Primary, secondary...):

Public or private school? Public \_\_\_ Private \_\_\_

**Contact details - Address:**

Street:

Number:

City:

Zip code:

Province/State:

Country:

Number of pupils/youth in school (class or group): \_\_\_\_\_ (\_\_\_\_\_)

Other information about the school (and participating class / group), you want to share:

Did you collaborate before? Yes / No

**Focal point at the school responsible for the partnership project**

Title:

First name:

Family name:

email:

phone [+country code]:

**Please repeat Title:**

## **In partnership with School / Group 2**

Name of the school or youth group:

Type of school (Primary, secondary...):

Public or private school? Public \_\_\_ Private \_\_\_

### **Contact details - Address:**

Street:

Number:

City:

Zip code:

Province/State:

Country:

Number of pupils/youth in school (class or group): \_\_\_\_\_ (\_\_\_\_\_)

Other information about the school (and participating class / group), you want to share:

Did you collaborate before? Yes / No

### **Focal point at the school responsible for the partnership project**

Title:

First name:

Family name:

email:

phone [+country code]:

### **Please repeat Title:**

Add other sheets if you have more than two partners. Repeat the title of your joint submission each time to ensure that each partner in the collaboration is recognised.

If you have questions, please contact [partnerships@mundusmaris.org](mailto:partnerships@mundusmaris.org)