

**MainMUN 2024 Supervisor Consent Form**



Hereby I declare that I

*Name:* \_\_\_\_\_

*Surname:* \_\_\_\_\_

*Date of birth:* \_\_\_\_\_

will be the responsible supervisor at the Main Model United Nations (MainMUN) conference from 22 February 2024 until 25 February 2024 at the Goethe-University Frankfurt am Main for

*Name:* \_\_\_\_\_

*Surname:* \_\_\_\_\_

*Date of birth:* \_\_\_\_\_

\_\_\_\_\_  
(Place, date)

\_\_\_\_\_  
(Signature)