

Registration form. Refugees at sea. Template.			
Vessel name:		Date and time:	
		Position / area:	
Comments:			
Number	Nationality/Origin <small>(fill in the information you get)</small>	Gender	Age group <small>(fill in the child's age if possible)</small>
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
7.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
8.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
9.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
10.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
11.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
12.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
13.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
14.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
15.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
16.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
17.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
18.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
19.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
20.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
21.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
22.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
23.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
24.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
25.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
26.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
27.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
28.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
29.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
30.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child, age: <input type="checkbox"/> Adult
Total number, this page: _____ Males: _____ Females: _____ / Children _____ Adults: _____			