The W. J. Blundon Mathematics Contest

Registration Form
To be Completed by Principal or Supervising Teacher

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A completed copy of this form must be received no later than January 31, 2017.
Please send completed forms to:

DR. MARGO KONDRIATIEVA/ BLUNDON CONTEST
DEPARTMENT OF MATHEMATICS AND STATISTICS
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
ST. JOHN'S, NEWFOUNDLAND  A1C 5S7

PLEASE TYPE OR PRINT LEGIBLY

1. STUDENT'S NAME IN FULL ________________________________________________

2. STUDENT'S HOME ADDRESS ______________________________________________

                                  PHONE # ___________________  POSTAL CODE ________________

3. STUDENT'S AGE _______ MALE/FEMALE? _______ GRADE IN SCHOOL ______________

4. SUPERVISING TEACHER __________________________________________________

5. PRINCIPAL'S NAME ______________________________________________________

6. NAME OF SCHOOL _______________________________________________________

7. SCHOOL ADDRESS _______________________________________________________

                                  PHONE # ___________________  POSTAL CODE ________________

8. CANADIAN CITIZEN _______ PERMANENT RESIDENT ___  OTHER (SPECIFY) ____________

I agree to arrange for supervision of the three-hour contest, to be written on
Tuesday, February 28, 2017.

Signed ______________________________________________________
Principal or Teacher