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, 2018. Please send completed forms to:

DR. MARGO KONDRATIEVA/ 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 27, 2018.

Signed ____________________________
Principal or Teacher