The W. J. Blundon Mathematics Contest

Registration Form
To be Completed by Principal or Supervising Teacher

A completed copy of this form must be received no later than January 31, 2019.
Please send completed forms to:

DR. MARGO KONDRAKIEVA/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 26, 2019.

Signed: ________________________________
Principal or Teacher