

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 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 26, 2019.

Signed: _____
Principal or Teacher