

REGISTRATION FORM

Yes! I am joining the 2013 International Mathematics Competition (IMC-Singapore) in Singapore on August 2 – 5, 2013.

NAME (in print) _____ Chinese Name: _____
Last Name First Name Middle Name (Write in Chinese Characters)

Gender: _____ Grade Level: _____ Citizenship: _____ Religion: _____

Mobile #: _____ Birth date: _____ Size of T-shirts: _____

Passport #: _____ Date Expired: _____ Email Address: _____

Complete Residence Address: _____

Name of Parents/Guardians: _____ Email Address: _____

Contact #/s of Parents/Guardians: _____ Fax #: _____

Name of School: _____

School Address: _____

School Contact #/s: _____ Fax #: _____

Contact person in School: _____

MTG center attending now: _____ Name of Center Coordinator: _____

Food you do not eat due to religion practice or health problem:

Beef Chicken Pork Fish

Are you traveling with companions? Yes No If Yes, how many? _____

1. Name of Companion: _____

Citizenship: _____ Passport #: _____ Date Expired: _____

2. Name of Companion: _____

Citizenship: _____ Passport #: _____ Date Expired: _____

AGREEMENT

We _____ who are legal parents/guardian of _____ do hereby certify that we have read the guidelines regarding the confirmation of the 2013 IMC in Singapore on August 2 - 5 , 2013 . Hence, we will follow and abide the guidelines established by the MTG office and we give our full consent for him/her to participate in such a worthy international competition.

We further agree to adhere to the requirements set by the MTG regarding the group reservation and processing of plane ticket and hotel accommodation of our child to avoid problems that may be inconvenient to other members of the teams.

Signature of Parents over Printed Name

Signature of Student over Printed Name

REGISTRATION FORM FOR ACCOMPANYING PERSON

Yes! I am joining the 2013 International Mathematics Competition (IMC-Singapore) which will be held in Singapore on August 2 – 5, 2013 as being the

_____ of _____
relationship with the participant name of the participant

NAME (in print) _____
Last Name First Name Middle Name

Chinese Name: _____ Gender: _____ Citizenship: _____
(Write in Chinese Characters)

Religion: _____ Birth date: _____ Size of T-shirts: _____

Passport #: _____ Date Issued: _____ Date Expired: _____

Mobile #: _____ Email Address: _____

Office Address: _____

Office Tel #/s: _____ Fax #: _____

Resident Address: _____ Tel #/s: _____

Food you do not eat due to religion practice or health problem:

Beef Chicken Pork Fish