

# 2017 MCYA CHALLENGE

Enter online or complete the following and return by email, fax or mail.

## SCHOOL DETAILS

School Name	
<b>Postal Address</b>	
Address (line 1)	
Address (line 2)	
City	
State	
Postcode	
Country	
<b>Delivery Address (complete this section only if different to the postal address)</b>	
Address (line 1)	
Address (line 2)	
City	
State	
Postcode	
Country	
<b>Contact Details</b>	
<b>Challenge Stage Director</b>	
Contact	
Email	
Phone	
Fax	
<b>Head of Mathematics / General Office</b>	
Contact	
Email	

## CHALLENGE SPECIAL INSTRUCTIONS

If there is insufficient space here, you may attach additional pages.


The Mathematics/Informatics Olympiads are supported by the Australian Government Department of Education through the Mathematics and Science Participation Program.

The Australian Mathematics Trust abides by the Australian Privacy Principles (APPs) 2014.

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# Recommended entry from February to May

## Results submitted by 23 June 2017

School Name	City / State
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### CHALLENGE ENTRY DETAILS

CHALLENGE DIVISION	AUSTRALIAN SCHOOL YEAR	STUDENT ENTRIES	TOTAL COST <small>(refer to your letter for cost per student)</small>
MIDDLE PRIMARY	Year 3		\$
	Year 4		
UPPER PRIMARY	Year 5		\$
	Year 6		
JUNIOR	Year 7		\$
	Year 8		
INTERMEDIATE	Year 9		\$
	Year 10		
TOTAL STUDENT ENTRIES – ALL YEARS			
TOTAL CHALLENGE COST			\$

Please check your entry carefully as we cannot refund entry fees once materials have been dispatched.

### METHOD OF PAYMENT ABN 39 120 172 502

This becomes your tax invoice when payment is received. Keep a copy and send the original to the address below.

Payment will be made by (indicate one):

Cheque/Bankdraft enclosed (made out to Australian Mathematics Trust)

EFT Please quote school code in transaction details and forward payment advice to [accounts@amt.edu.au](mailto:accounts@amt.edu.au).  
ACC NAME: AMTT LIMITED    BSB: 062-907    ACC NO.: 10272244    BANK: CBA BANK    SWIFT CODE: CTBAAU2S

School Purchase Order:  
(please do not send another copy of this form with payment)

Credit Card (complete the following):

Card Number  Exp Date  /   
MONTH    YEAR

Security Code  VISA/MasterCard: 3-digit number on back of card; American Express: 4-digit number on front of card

Cardholder's Name \_\_\_\_\_  
(please print as shown on card)

Amount Authorised \$  .  Cardholder's Signature \_\_\_\_\_