



FIJI MATHEMATICS ASSOCIATION

TEAM MATHEMATICS COMPETITION (TMC)

Zone Registration Form

Date: _____

School Name: _____

Teacher In-charge: _____ Zone: _____

Phone number: _____ Postal Address: _____

Year: _____

Year: _____

Captain: _____

Captain: _____

Runner: _____

Runner: _____

Member 1: _____

Member 1: _____

Member 2: _____

Member 2: _____

Year: _____

Year: _____

Captain: _____

Captain: _____

Runner: _____

Runner: _____

Member 1: _____

Member 1: _____

Member 2: _____

Member 2: _____

Year: _____

Captain: _____

Runner: _____

Member 1: _____

Member 2: _____

Place School Stamp Here.

Signature: Teacher In charge

Date: _____

Head Teacher/ Principals Signature