

Australian Mathematics Competition – Thursday 9 August 2018

Student's Name: Housegroup:

Mathematics Teacher's Name: Date:

Student Name: _____	House Group: _____
Charge my Credit Card Type: Visa/MasterCard	
Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CCV No: _____ Amount:
Cardholder Name: _____	Signature: _____

Please return this form to Student Services by Friday 8 June, 2018