

**PLEASE COMPLETE SCHOOL REGISTRATION AND ENTRY FORMS
AND RETURN NO LATER THAN Monday 7th May 2012.**

SCHOOL REGISTRATION	
SCHOOL NAME:	
CONTACT PERSON: Mr Mrs Ms Miss	
SCHOOL POSTAL ADDRESS:	
POSTCODE:	
Phone Number: ()	Fax Number: ()
E-mail Address	
ENTRY REGISTRATION	
<u>YEAR</u>	<u>NUMBER OF STUDENTS</u>
7	
8	
9	
10	
11	
12	
TOTAL	

PAST PAPERS ORDER				
YEAR	JUNIOR		SENIOR	
	Years 7 & 8	Years 9 & 10	Year 11	Year 12
1994				
1995				
1996				
1997				
1998				
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
TOTAL				

Total Entries: _____ @ \$5.50 = \$ _____

Total Past Papers: _____ @ \$2.75 = \$ _____

Total Amount Payable: = \$ _____

Please make cheques payable to: **Australian National Chemistry Quiz.**

Return **ENTRY FORM and CHEQUE** to:

Associate Professor C L Fogliani, AM
Director Australian National Chemistry Quiz
PO Box 2129
BATHURST NSW 2795 AUSTRALIA