

WMA Mathswell Poster Competition

Entry form

Name:

Email:

School:

Year level:

Title of poster:

By submitting an entry you grant WMA and its agents the use of the poster as it chooses. The WMA will acknowledge the author of the work.

Certification

I certify that this is my/our original work

Signed:

Name:

Witnessed by (must be over 18 years old)

Name:

Signed:

Date:

Relationship to author: