



MATH CIRCLES

Math Circles Registration Form

Last Name:

First Name:

Address:

City:

Prov.:

Postal Code:

Telephone:

Email Address:

Name of Parents or Guardians:

Parent's Email:

Telephone:

Dietary Restrictions:

Photos: Occasionally we will take photos during a math circle, for future use on our website and promotional material. Can we use photos of you? ☐ Yes ☐ No

Grade:

High School:

Name of current math teacher or guidance counsellor

Signature of teacher or guidance counsellor

Student's Signature

Parent's Signature



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MISSISSAUGA

Fax completed form to Yvette Ye (905-569 4730) or scan and email the signed form to maria.wesslen@utoronto.ca.

Your registration will be confirmed via email.