Registration Form for the 13th Annual Schools Physics Quiz,
1-4 pm, Sunday 2nd October 2005
Launceston College, Launceston

Teacher contact name for information: ________________________________

School Name (in full for Participation Certificates) ________________________________

ph: __________________ fax: __________________ e-mail ___________________________

Please print the student names CLEARLY, in CAPITAL LETTERS, since we issue
personalised participation certificates.

Team 1
Student Name __________________________________________________________________

Student Name __________________________________________________________________

Student Name __________________________________________________________________

Student Name __________________________________________________________________

Team 2
Student Name __________________________________________________________________

Student Name __________________________________________________________________

Student Name __________________________________________________________________

Student Name __________________________________________________________________

We encourage you to enter as many teams as are interested.
Please copy this form if you are entering more than 2 teams.
Note: $10 registration per team (max fee per school of $20).

I wish to enter the above named teams in the Schools Physics Quiz. I am enclosing a cheque or
money order for $____, made payable to the ‘Australian Institute of Physics (Tasmanian Branch)’.
Please return team registrations on or before Friday September 23rd (earlier preferred), so we
may prepare participation certificates and make suitable catering arrangements.

Return this form and payment to:
Dr Andrew Klekociuk
SAS, Australian Antarctic Division
Channel Highway Kingston TAS 7050
PH: 6232 3382   Fax: 6232 3496
e-mail: andrew.klekociuk@aad.gov.au