MathLinks Camp 2015 Application

- Student's Name
- Date of Birth Month (MM) Day (DD) Year (YYYY)
- Gender Male ☐ Female ☐
- Parent (Guardian) Name
- Street Address

  City State (Region)

  Zip Code (Postal Code) Country
- Guardian's Cell Phone
- Student's Cell Phone
- Student's Email
- Guardian's Email
- Grade level which student will complete in July 2015 (5 to 12)
- Please describe your mathematical background. This includes, but it is not limited to, math contests you have participated (such as MATHCOUNTS, AMC8, AMC10, AIME, USAMO, ARML, USAMTS, other regional competitions), previous math camps you attended, online math classes you took, honors math classes at your school, math problem solving books that you've read, etc.
- If you have any special requirements (such as vegan food, attending religious service on weekends, etc.) please let us know below or you can send us an email at contact@mathlinks.us
- Please tell us how you found out about us (google search, friend referral, online ad, etc.)
- I hereby certify that the data supplied above is accurate to the best of my knowledge.

  Guardian Signature (Ink) Date / /

Please print this application, complete it, sign it and then either mail it or scan and email (preferred) it to us.

MATHLINKS Camp • PO BOX 16963, San Diego, CA 92176 • (424) 262-6284 • contact@mathlinks.us