**2016 Treasury Schools Challenge  
Entry form**

## School Details

|  |  |
| --- | --- |
| **Name of School:** |  |
| **Postal Address:** |  |
| **Street Address:** |  |

## Teacher Details

|  |  |
| --- | --- |
| **Name of Teacher:** |  |
| **Daytime Phone Number:** |  |
| **Email Address:** |  |

## Team Details

|  |  |
| --- | --- |
| **Names of students, up to a maximum of four students per team:** | |
| **1) Name** |  |
| **2) Name** |  |
| **3) Name** |  |
| **4) Name** |  |

Please submit this form via email to [schoolschallenge@treasury.govt.nz](mailto:schoolschallenge@treasury.govt.nz) by 5.00 p.m. Friday 25 March. All entrants accept the terms and conditions of entry upon submitting their form.