**CHEMQUEST 2025**

**REGISTRATION FORM**

**Return to:**

**Professor Michèle Prinsep**

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**School Name**

**Contact Teacher**

**Address**

**Phone**

# Email

**Team(s)**

|  |  |  |
| --- | --- | --- |
| **Team 1** | **1** |  |
| **2** |  |
| **3** |  |
| **Team 2** | **1** |  |
| **2** |  |
| **3** |  |
| **Team 3** | **1** |  |
| **2** |  |
| **3** |  |