You may NOT photocopy this Control Sheet to give to a new team, nor may you assign any team a control number.

Only COMAP may issue a control number to a team entered in the HiMCM. Please review this page before submitting your solution to ensure that all of the information is correct

Advisor JIANCHUAN ZENG

Institution: TSINGHUA UNIVERSITY HIGH

SCHOOL

Department: G17 Office

Address: Zhongguan village North street, Haidian

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Beijing, Beijing 100085

CHN

Phone:

Order #: 106355376886

Email: renacxyy@163.com

Home Phone: 8610-13901240376

Your team's control

number is:

7379

(Place this control

number on all pages of your Solution Paper and

on any support

material.)

Problem Chosen: Α

Names of Team Members

Gender

F

Age

Grade

(Note: names of team members will appear on certificates exactly as they appear on

this page)

LINGWEI CAO

RUIZHE PAN M

CHENG OIAN M

ZHAOYANG TIAN M

(Gender data will be used for statistical purposes only)

Each team member must sign the statement below:

(Failure to obtain signatures from each team member may result in disqualification of the entire team.)

Each of us hereby testifies that our team abided by all of the contest's rules and did not consult with anyone who was not on this team in developing the enclosed Solution Paper.

Signature of LINGWEI LINGWEI CAO: -

Signature of

RUIZHE PAN RUIZHE PAN:

Signature of CHENG QIAN:

Signature of ZHAOYANG TIAN ZHAOYANG TIAN:

The team advisor must sign the statement below:

I affirm that the team abided by all of the rules of the contest, did not violate the consecutive 36-hour period and the team members did not consult with anyone who was not on this team in developing the Solution Paper.

Signature of JIANCHUAN	jian chuan	zong	
ZENG:		F. 8	

This signed form must be emailed to forms@comap.com. In the subject line of your email write: HiMCM and your team's control number. For example: HiMCM 7379. Also include a signed Parental/Guardian Authorization form for each team member.

2017

Team Control Number:

7379

Parental/Guardian Authorization Form

I Xrangying Cao administrator*)	(Parent / Guardian Name / School			
give permission for my son/daughter	*			
Linguei Cao	(Student Name)			
to participate in the Consortium for Mathen Annual High School Mathematical Contest my son's/daughter's team is designated as a disclose his/her name in the January 2018 Fresulting Solution Paper or solution abstract Consortium. I also give permission to release the consortium of the Court Cou	in Modeling (HiMCM). In the event that in Outstanding winner, I give permission to HiMCM Press Release, and to publish their it in COMAP's quarterly newsletter, se			
	(Student Name)			
to local newspapers, radio or television outlachievement.	lets in recognition of his/her outstanding			
Signature: X10M9 4 m9 Guardian Name / School administrator*)	Cao (Parent /			
Date: $11/27/201$				
*School administrators may sign in the case of residential schools.				

2017

Team Control Number:

7379

Parental/Guardian Authorization Form

I Liyan Li administrator*)	(Parent / Guardian Name / School			
administrator*)				
give permission for my\son/daughter				
Cheng Qian	(Student Name)			
to participate in the Consortium for Mathematics and its Applications (COMAP) 20th Annual High School Mathematical Contest in Modeling (HiMCM). In the event that my son's/daughter's team is designated as an Outstanding winner, I give permission to disclose his/her name in the January 2018 HiMCM Press Release, and to publish their resulting Solution Paper or solution abstract in COMAP's quarterly newsletter, Consortium. I also give permission to release				
Cheng Qian	(Student Name)			
to local newspapers, radio or television out achievement.				
Signature: Liyan Li Guardian Name / School administrator*)	(Parent /			
Date: 7017.11.19.				
*School administrators may sign in the cas	e of residential schools.			

2017

Team Control Number:

7379

Parental/Guardian Authorization Form

I MEI WANG	(Parent / Guardian Name / School			
administrator*)	v			
give permission for my son/daughter				
RUIZHE PAN	_(Student Name)			
to participate in the Consortium for Mathematics and its Applications (COMAP) 20th Annual High School Mathematical Contest in Modeling (HiMCM). In the event that my son's/daughter's team is designated as an Outstanding winner, I give permission to disclose his/her name in the January 2018 HiMCM Press Release, and to publish their resulting Solution Paper or solution abstract in COMAP's quarterly newsletter, Consortium. I also give permission to release				
RUIZHE PAN	_(Student Name)			
to local newspapers, radio or television outlets in recognition of his/her outstanding achievement.				
Signature: MEI WANG Guardian Name / School administrator*)	(Parent /			
Date: 11 / 19 / 2017	_			

*School administrators may sign in the case of residential schools.

^{2017/11/19}

2017

Team Control Number:

7379

Parental/Guardian Authorization Form

I Zhao Jie	(Parent / Guardian Name / School				
administrator*)	\checkmark				
give permission for my son/daughter					
ZHAOYANG TIAN	(Student Name)				
to participate in the Consortium for Mathematics and its Applications (COMAP) 20th Annual High School Mathematical Contest in Modeling (HiMCM). In the event that my son's/daughter's team is designated as an Outstanding winner, I give permission to disclose his/her name in the January 2018 HiMCM Press Release, and to publish their resulting Solution Paper or solution abstract in COMAP's quarterly newsletter, Consortium. I also give permission to release					
ZHAOYANG TIAN	(Student Name)				
to local newspapers, radio or television outlets in recognition of his/her outstanding achievement.					
Signature: Zhao Jie Guardian Name / School administrator*)	(Parent /				
Date: 11 20 2017	<u> </u>				
*School administrators may sign in the case of residential schools.					