

## 20th Annual High School Mathematical Contest in Modeling (HiMCM) Control Sheet

# 2017

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 Name: Jingshu N/A Huang

Institution: Huaifu International School

Department: Math

Address: Huaifu International School  
Huaifu International School Heaney  
Guangzhou, Guangdong 510000  
CHN

Phone: N/A

Order #: 206380141925

Email: Sunyx.Johanna2016@outlook.com

Home Phone: 13922327721

**Your team's control  
number is:**  
**7845**

(Place this control number  
on all pages of your  
Solution Paper and on any  
support material.)

**Problem Chosen:**  
**A**

### Names of Team Members

### Gender

### Age

### Grade

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

Zhiguo Jonathan Huang M

Xingyu Zoe Liu F

Yuxuan Johanna Sun F

Tianchen Jason Zhao 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  
Zhiguo Jonathan Huang: \_\_\_\_\_

Signature of  
Xingyu Zoe Liu: \_\_\_\_\_

Signature of  
Yuxuan Johanna Sun: \_\_\_\_\_

Signature of  
Tianchen Jason Zhao: \_\_\_\_\_

### 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  
Jingshu N/A Huang: \_\_\_\_\_

This signed form must be emailed to [forms@comap.com](mailto:forms@comap.com). In the subject line of your email write:  
HiMCM and your team's control number. For example: HiMCM 7845. Also include a signed  
Parental/Guardian Authorization form for each team member.