

MATHEMATICS CONTEST REGISTRATION FORM
Registration Deadline: March 3, 2011

SCHOOL NAME: _____

SUPERVISOR: (NAME, ADDRESS, PHONE NUMBER, E-MAIL ADDRESS):

To receive a confirmation note, you must include an e-mail address. This confirmation e-mail will also serve as a receipt for the fees paid.

STUDENT NAMES

Please circle the test the student is planning on taking.

- | | | |
|----|-----------------|----------|
| 1. | _____ Algebra I | Geometry |
| 2. | _____ Algebra I | Geometry |
| 3. | _____ Algebra I | Geometry |
| 4. | _____ Algebra I | Geometry |
| 5. | _____ Algebra I | Geometry |
| 6. | _____ Algebra I | Geometry |

(If more than 6 students are attending, make copies of this form as needed.)

FEEES FOR STUDENT CONTESTANTS AT \$10.00 EACH _____

FEE FOR _____ SUPERVISORS AT \$10.00 EACH = _____

TOTAL AMOUNT ENCLOSED = _____

Make check payable to *Catawba College Math Contest*
Please staple check to the completed form and return to:
Dr. Sharon Sullivan
Catawba College
Math Department
2300 W. Innes Street
Salisbury, NC 28144