

STATE MATHCOUNTS REGISTRATION

Region _____ County _____ Phone Number _____

PLEASE SUBMIT THE COMPLETED REGISTRATION FORM TO: NORTH DAKOTA MATHCOUNTS P.O. BOX 712, BISMARCK, NORTH DAKOTA, 58502-0712 *ALL FEES MUST BE PRE-PAID ON OR BEFORE DEADLINE. PLEASE PRINT.*

REGISTRATION

\$25.00 x _____ Number of MATHCOUNTS Participants = _____
 **Lunch is included in the registration fee

PARENT/TEACHER/COACH LUNCHEON

\$15.00 x _____ Number of additional tickets needed _____
 *Count for parents, coaches, teachers must be prepaid or it is additional at the door.

COUNTY SUPERINTENDENT/COORDINATOR

Will you be attending the competition? Yes ___ No ___
TOTAL* = _____

Please indicate the total number of lunch tickets that are to be placed in the individual packets. (For each participant packet, include the number of lunch tickets being requested for each family member that will be attending the luncheon.)

County Superintendent's/Coordinator Packet

Name _____

of tickets

MATHCOUNTS Participant's packet

Name _____

of tickets

Parent lunch

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Teacher's packet

Lunch Tickets:

Name _____

Name _____

*Please make enclosed check payable to the NDPSE - MATHCOUNTS. **Please make sure that all names are spelled correctly for booklet. (To assure correct pronunciation, please include phonetic spelling as appropriate.)**