

## 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**

\$12.00 x \_\_\_\_\_ Number of MATHCOUNTS Participants = \_\_\_\_\_

**LUNCHEON**

\$10.00 x \_\_\_\_\_ Number of Student participants \_\_\_\_\_

+

\$15.00 x \_\_\_\_\_ Number of additional tickets needed \_\_\_\_\_

**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**

**# of tickets**

Name \_\_\_\_\_

**MATHCOUNTS Participant's packet**

**# of tickets**  
**Student      Adult**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Teacher's packet**

**Lunch Tickets:**

Name \_\_\_\_\_

Name \_\_\_\_\_

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.)**