

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 STATE COMPETITION DATE. PLEASE TYPE.

REGISTRATION

\$12.00 x _____ Number of MATHCOUNTS Participants = _____

LUNCHEON

\$10.00 x _____ Number of Student participants = _____

+
\$12.00 x _____ Number of additional tickets needed = _____

COUNTY SUPERINTENDENT/COORDINATOR

Will you be attending the competition? Yes No

GRAND 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	Student Tickets:	Adult Tickets:
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
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Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Teacher's packet	
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.)**