

# MATHCOUNTS® SUPPLEMENTAL REGISTRATION FORM

## 2009-2010 School Year

Mail or fax this completed form (*with payment*) to:

**Competition Registration must be postmarked by Dec. 11, 2009**

Registration questions should be directed to the MATHCOUNTS Registration Office at 301-498-6141.

**MATHCOUNTS Registration**

**P.O. Box 441, Annapolis Junction, MD 20701**

**Fax: 301-206-9789**

*\*Note: This form should only be used if you have already registered at least one student for the MATHCOUNTS Competition Program or have already registered for the free MATHCOUNTS Club Program. You should use the MATHCOUNTS Registration Form if you are registering a team or individual students for the first time this school year.*

Teacher/Coach's Name \_\_\_\_\_ Principal's Name \_\_\_\_\_

School Name \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_ County/District \_\_\_\_\_

My school is a  DoDDS OR  State Department sponsored school. Country \_\_\_\_\_

Teacher/Coach's Phone \_\_\_\_\_ MATHCOUNTS Chapter (*if known*) \_\_\_\_\_

Teacher/Coach's E-mail \_\_\_\_\_

Alternate E-mail Address \_\_\_\_\_



**I have already registered at least one student for the MATHCOUNTS Competition Program and would like to register additional students OR I have already registered for the MATHCOUNTS Club Program and would like to register for the MATHCOUNTS Competition Program.** Please see pages 10-21 in Vol. 1 of the School Handbook or visit [www.mathcounts.org](http://www.mathcounts.org).

### Competition Registration Fees:

Team Registration (up to four students)

**Rate**  
1 @ \$90 = \$ \_\_\_\_\_

Individual Registration(s): # of students \_\_\_\_\_ (*max. of 4*)

@ \$25 each = \$ \_\_\_\_\_

*By completing this registration form, you attest to the school administration's permission to register students for MATHCOUNTS under this school's name.*

**Total Due = \$ \_\_\_\_\_**

Title I Rate*	
1 @ \$40 = \$ _____	
@ \$10 each = \$ _____	
Total Due = \$ _____	

\* **Principal Signature is required to verify school qualifies for Title I fees:** \_\_\_\_\_

*For your school to qualify for the Title I reduced fee rate, at least 40% of the student body must be enrolled in the Free and Reduced Lunch Program.*

**Payment:**  Check  Money order  Purchase order # \_\_\_\_\_ (p.o. must be included)  Credit card

Name on card: \_\_\_\_\_  Visa  MasterCard

Signature: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Make checks payable to the MATHCOUNTS Foundation. Payment must accompany this registration form. All registrations will be confirmed with an invoice indicating payment received or payment due. Invoices will be sent to the school address provided. If a purchase order is used, the invoice will be sent to the address on the purchase order. Payment for purchase orders must include a copy of the invoice. Registration confirmation may be obtained at [www.mathcounts.org](http://www.mathcounts.org).