

ANNUAL ARIZONA MATHEMATICS CONTEST SCHOOL REGISTRATION FORM

School Contest Chairperson _____

School Name _____

School Address _____

City _____ Zip _____

Phone: _____ Best time to Contact: _____

Division: _____ E-Mail _____

FAX _____

Number of students in your school

Grades taught at your school

Indicate the number of students planning to enter at each level.

Level I _____ Level II _____

Level III _____ Level IV _____

Level V _____

Total number entering _____

Total Money enclosed \$ _____

(Total entering x \$2.00)

*** * * * * MAKE CHECKS PAYABLE TO: AATM MATH CONTEST * * * * ***

MAIL TO:

ED ANDERSON
MARCOS DE NIZA HIGH SCHOOL
6000 S. LAKESHORE DRIVE
TEMPE, AZ 85283-3049

RETURN THIS FORM ON OR BEFORE JANUARY 23, 2010