52nd ANNUAL SCSU MATH CONTEST

Thursday, April 4, 2019 Registration Form

Name of School	
School Address	
Name and title of official to whom the tickets and other	er information are to be sent:
Name (Mr./Ms.)	Title
Mailing Address for Ticket Packets (if different than s	school address)
Phone : School ()	
<u>-</u>	extremely bad weather the contest may need to be canceled at ou at home. This has happened only once before (in 1982).
E-mail address	
NOTE: For the 7th and 8th Grade Division, the maximum 10 students whichever is larger. We are sorry but we	mum number of students allowed is 15% of grade enrollment or cannot accommodate students below grade 7.
Seventh Grade(School Enrollment)	Number of contestants
Eighth Grade(School Enrollment)	Number of contestants
Ninth Grade	Number of contestants
Tenth Grade	Number of contestants
Eleventh Grade	Number of contestants
Twelfth Grade	Number of contestants
Registration fee: (Total number of contestants)	X \$6.00 = \$
Garvey tickets: (Total number of tickets needed)	X \$7.50 = \$
	Subtotal: \$
On time registration discount (Total no. of contestant Only applies if registration is postmarked by March 1	
Subtract discount from subtotal if appropriate. Total	l Payment Enclosed: \$

PLEASE PAY ONLY BY CHECK. MAKE CHECKS PAYABLE TO: <u>ST. CLOUD STATE UNIVERSITY.</u> REFUNDS WILL BE MADE ONLY IF THE CONTEST IS CANCELED.

Be sure to also fill out Page 2 of this form. Your registration will not be considered complete until all the requested information has been submitted.

Between the end of testing and the beginning of the awards cerer designated building for approximately one hour while students at part of your participation in the SCSU Math Contest and help to	re attending various activities. These duties are a vital
To facilitate the assignment of adviser duties, please respond to egive special consideration to supervising students in Halenbeck I briefly meet with a university representative for instructions and	Hall. In choosing this assignment, you may be asked to
1. Are you willing to help supervise students between the ecremony? Place a checkmark in the appropriate blank	
No, we take our students off campus and w	ill not be available to help supervise others.
No, but we will be supervising our own stu-	dents while they are on campus.
No. Reason:	
Yes.	
EACH blank corresponding to a time period in We are willing to supervise studen We are willing to supervise studen b. Each school will be assigned to only ONE locat corresponding to a location at which you would Atwood Memorial Center tend to be the busiest	e time periods below, but please place a checkmark in which you would be willing to supervise. Its during the time period: 10:45-12:00 Its during the time period: 12:00-1:15 Ition, but please place a checkmark in EACH blank be willing to supervise. Since Halenbeck Hall and the locations, we are especially interested in finding cations. If neither option below is checked, you will test in Halenbeck Hall
We will do our best to honor your wishes above in the assignment supervision at all times and in all places, it may be necessary to a	
expressed above.	ssign some advisers contrary to the preferences
Please return this form along with your payment postmarked by	Thursday, March 14, 2019 to:
•	Felephone: (320) 308-3001 e-mail: mathcontest@stcloudstate.edu

NOTE: There should be at least one faculty adviser for every 30 students that your school sends.

The total number of teachers who will accompany and supervise the contestants: