ENTRANCE FORM
FOR
THE AUGUSTA STATE UNIVERSITY MATHEMATICS CONTEST

FRIDAY, FEBRUARY 26, 2010

RETURN COMPLETED FORM ON
OR BEFORE JANUARY 22, 2010 TO:
(**FORM MAY BE FAXED**)

Dr. Chris Sligar
Department of Mathematics & Computer Science
Augusta State University
2500 Walton Way
Augusta, GA 30904-2200
PHONE: 706-667-4486 OR 706-737-1672
FAX: 706-729-2155

School_____

Address_____

_____

_____
(City) (State) (Zip)

Phone Number_____
(Area Code)

Name of Principal ( ), Headmaster ( ), Other ( )

is _____

School is Public ( ), Private ( ), Parochial ( )

Faculty Sponsor(s) _____

Sponsor's e-mail address_____

PLEASE PRINT LEGIBLY OR TYPE NAMES THE WAY YOU WANT THEM TO APPEAR ON NAME BADGES.

TEAM(S) A	B
_____	_____
_____	_____
_____	_____
_____	_____
Alternates:	
_____	_____

Confirmation: The students named above are eligible for competition under the GHSA or SCHSL rules.

_____
PRINCIPAL'S SIGNATURE **(REQUIRED)**