

REGISTRATION FORM
AUGUSTA STATE UNIVERSITY MATHEMATICS CONTEST
FRIDAY, FEBRUARY 26, 2010

School _____ Phone _____
(area code)

(PLEASE PRINT OR TYPE NAMES AS THEY SHOULD APPEAR ON THE TROPHY)

Coaches _____

A Team* _____

TOTAL TEAM A ____

B Team* _____

TOTAL TEAM B ____

Alternate: _____

Alternate: _____

Team composition is final after registration.

Note: If any student's name listed above was not on the Entrance Form mailed earlier, circle the name(s) and have your **Principal sign** on the following blank, thereby verifying the eligibility of the student(s) under GHSA or SCHSL rules.

(Signature)