ND STATE MATHCOUNTS REGISTRATION

Region _____ **County** _____ **Phone #**_____

COUNTY SUPERINTENDENT/COORDINATOR ATTENDING **Yes** ☐ **No** ☐		**# Coordinator Lunch**	
Name _____		_____	
TEACHER'S PACKETS:		**# Teachers Lunches**	
Name _____		_____	
Name _____		_____	
MATHCOUNTS Participant's Packets:	**Student Count**	**# Guests Prepaid $20**	**# Guests Reserve/ Pay @ door $25**
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
Name _____	_____	_____	
			Total Reserve
Total number of attendees listed in each column ….....	☐	☐	
Student Registration includes their meal & t-shirt; count for parent, teachers, or coordinators must be prepaid or it will be additional at the door.	x $30.00	x $20.00	x $25.00
	+		
PLEASE PRINT THE COMPLETED REGISTRATION FORM & REMIT WITH PAYMENT TO:	$ Total Payment Remitted		$ _____ *To be paid at door - Need accurate head count for banquet*

NORTH DAKOTA MATHCOUNTS

P.O. BOX 712, BISMARCK, ND 58502-0712

Please make sure that all names are spelled correctly for the booklet. To assure correct pronunciation, please include phonetic spelling as appropriate. If dietary restrictions apply, place an asteric (*) next to the name and attach a note of description.