

## STATE MATHCOUNTS REGISTRATION

REGION# \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE # \_\_\_\_\_

**PRINT AND MAIL WITH CHECK PAYABLE TO: NDSPE - MATHCOUNTS, PO BOX 712, BISMARCK, ND 58502-0712**  
***ALL FEES MUST BE PRE-PAID ON OR BEFORE DEADLINE.***

<b>PARTICIPANT'S NAME:</b> <i>Please PRINT clearly;</i> <i>check spelling on names for booklet.</i> <i>Include phonetic pronunciation as needed for banquet.</i>	# of Parent/Family lunch tickets <i>\$15 each in advance / \$25 at the door</i> Do <b><u>NOT</u></b> include Participant in count
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	

<b>ATTENDEE'S NAME PACKETS (Teacher/Coach/County Superintendent):</b>	<b>Lunch Tickets</b>
1. _____ Title: _____	
2. _____ Title: _____	
3. _____ Title: _____	

TOTALS

Participants Registration with lunch included  
 \$25.00 x \_\_\_\_\_ Number of MATHCOUNTS Participants  
 \*\*Lunch is included in the registration fee

\_\_\_\_\_

Parent/Teacher/Coach PRE-PAID Lunch  
\*Must be PAID with registration  
 \$15 x \_\_\_\_\_ Number of PRE-PAID lunch tickets needed

\_\_\_\_\_

TOTAL\* : \_\_\_\_\_