

MATHCOUNTS® REQUEST/REGISTRATION FORM: 2008-2009 School Year

Mail or fax this completed form (with payment if choosing Option 2) to:

MATHCOUNTS Registration
 P.O. Box 441, Annapolis Junction, MD 20701
 Fax: 301-206-9789

Competition Registration (Option 2) must be postmarked by Dec. 12, 2008

Teacher/Coach's Name _____ Principal's Name _____
 School Name _____ Previous MATHCOUNTS School
 School Mailing Address _____
 City, State ZIP _____ County _____
 School Phone (_____) _____ School Fax # (_____) _____
 Teacher/Coach's Phone (_____) _____ Chapter (if known) _____
 Teacher/Coach's E-mail _____
 What type of school is this? Public Charter Religious Private Homeschool DoDDS State Dept.

Option 1



SIGN UP MY MATH CLUB for the MATHCOUNTS Club Program and send me the Club in a Box resource kit with Volume II of the 2008-2009 MATHCOUNTS School Handbook which contains 200 math problems. (There is NO COST for the Club Program.)
 (NOTE: You must complete the survey below.) Please see page 19 in Vol. 1 of the School Handbook or visit the Club Program section of www.mathcounts.org for details.

Option 2



REGISTER MY SCHOOL for the MATHCOUNTS Competition Program and send me the Club in a Box resource kit and Volume II of the 2008-2009 MATHCOUNTS School Handbook. (NOTE: You must complete the survey below.) Please see page 9 in Vol. 1 of the School Handbook or visit the Competition Program section of www.mathcounts.org.

Competition Registration Fees:

<input type="checkbox"/> Team Registration (up to four students)	Rate	1 @ \$80 = \$ _____
<input type="checkbox"/> Individual Registration(s): # of students _____ (max. of 4)		@ \$20 each = \$ _____
		Total Due = \$ _____

By completing this registration form, you attest to the school administration's permission to register students for MATHCOUNTS under this school's name.

Title I Rate*
1 @ \$40 = \$ _____
@ \$10 each = \$ _____
Total Due = \$ _____

* Principal Signature is required to verify school qualifies for Title I fees: _____

All must complete the survey portion of the Request/Registration Form

Is this the first year for a Math Club at your school? Yes No (If no, for how many years has there been a Math Club? _____)

of Students in Math Club: _____ On average, how many MATHCOUNTS problems will you use each month? _____

How often do you expect the Math Club to meet during the fall/winter?
 Daily 2-4 Times Per Week Weekly 2-3 Times Per Month Monthly Less Than Once a Month

When does the Math Club meet? (please select all that apply) Before School During School After School Weekends

What MATHCOUNTS resources do you use in your classroom with some/all of your classes? (please select all that apply)
 School Handbook Problem of the Week Prior Competitions Prior School Handbooks N/A

On average, how many MATHCOUNTS problems do you use in the classroom with some/all of your classes each month? _____

How many students work these problems during class? _____ Does your school have a MATHCOUNTS class? Yes No

How relevant are the MATHCOUNTS problems to your state curriculum expectations for grades 6, 7 and 8?
 Not at all; irrelevant topics Not at all; too difficult Somewhat Very Unsure

Payment: Check Money order Purchase order # _____ (p.o. must be included) Credit card
 Name on card: _____ Visa MasterCard
 Signature: _____ Card #: _____ Exp: _____

Make checks payable to the MATHCOUNTS Foundation. Payment must accompany this registration form. All registrations will be confirmed with an invoice indicating payment received or payment due. Invoices will be sent to the school address provided. If a purchase order is used, the invoice will be sent to the address on the purchase order. Payment for purchase orders must include a copy of the invoice. Registration questions should be directed to the MATHCOUNTS Registration Office at 301-498-6141. Registration confirmation may be obtained at www.mathcounts.org.