

# ANNUAL ARIZONA MATHEMATICS CONTEST SCHOOL REGISTRATION FORM

School Contest Chairperson \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

Division: \_\_\_\_\_ E-Mail \_\_\_\_\_

FAX \_\_\_\_\_

Number of students in your school

Grades taught at your school

Indicate the number of students planning to enter at each level.

Level I \_\_\_\_\_ Level II \_\_\_\_\_

Level III \_\_\_\_\_ Level IV \_\_\_\_\_

Level V \_\_\_\_\_

Total number entering \_\_\_\_\_

Total Money enclosed \$ \_\_\_\_\_

(Total entering x \$2.00)

**\* \* \* \* \* MAKE CHECKS PAYABLE TO: AATM MATH CONTEST \* \* \* \* \***

Hamilton High School  
Attention: Ed Anderson  
3700 S. Arizona Ave.  
Chandler, Az. 85248

RETURN THIS FORM ON OR BEFORE JANUARY 24, 2017