

# *AATM Sixth Grade Math Challenge*

*Please submit one form per team. Duplicate as necessary.  
PLEASE PRINT! Keep a copy for your records. Thank you!*

Team Name: \_\_\_\_\_

Team Sponsor (Coach) \_\_\_\_\_

Coach's email \_\_\_\_\_

District \_\_\_\_\_

Team members (May include an alternate – **please print clearly**):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Altern. \_\_\_\_\_

*Permission to publish accomplishments and photographs of the above participants is given  
by \_\_\_\_\_*

School \_\_\_\_\_ School Phone \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
*Teacher/Sponsor Signature*

\_\_\_\_\_  
*Date*

*Method of payment:* \_\_\_\_\_

*Send completed registration form no later than Friday April 10th to:*

*AATM  
PO Box 25675  
Tempe, AZ 85285*

*Or via email to [aatmstefsotomayor@gmail.com](mailto:aatmstefsotomayor@gmail.com)*