



Auburn University Mathematics Tournament
April 12, 2008

REGISTRATION FORM

School: _____

School mailing address: _____
Street

City State Zip

Sponsors (list all names of sponsors and **circle** primary sponsor contact):

Primary sponsor **email**: _____

Phone: _____

Select Division: Division I – 6A Public, all Private, and all Magnet schools

Division II – 1A through 5A Public schools

Indicate the total # of students who will attend: _____

Indicate the # of teams you plan to form (8-12 students per team): _____

Registration fee is \$7.00 per student. Late Registration Fee (after March 25) is \$9.00 PER STUDENT.

Total Amount Due: _____

Please mail or fax completed registration form by March 25 to:

Mary Lou Ewald ♦ COSAM Outreach ♦ 131 Science Center Classroom ♦ Auburn University, AL 36849

Fax: 334-844-5740 ♦ Ph: 334-844-5745

www.auburn.edu/cosam/outreach

Payment (please check one):

🍏 Purchase Order (payable to Auburn University) in amount of \$ _____

🍏 Check (payable to Auburn University) in amount of \$ _____

🍏 *Circle one:* Visa / MasterCard in amount of \$ _____

Card Number _____

Cardholder's Name: _____

Exp. Date: _____ Signature: _____