

MATHCOUNTS®

CHAPTER COMPETITOR INFORMATION SHEET

Coach: Please complete and return this form by January 8, 2025 to: Nikki Johnsrud, Chapter Coordinator, nikki.johnsrud@k12.nd.us. Please type the student information on this form exactly as it should appear on the participation certificates.

School Name _____ School Phone _____

Street Address _____ City, State & ZIP _____

Coach Name _____ Mobile Phone _____ Coach Email _____

TEAM MEMBERS (TMs)

TM #1 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

TM #2 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

TM #3 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

TM #4 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

INDIVIDUAL PARTICIPANTS (INDs)

IND #1 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #2 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #3 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #4 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #5 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #6 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #7 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #8 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #9 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

IND #10 _____ Grade: 6 7 8 Gender: Male Female Other T-Shirt Size _____

I certify the above named students are enrolled as full time students in grades 6-8 at the school named above. The students and school meet the eligibility requirements of the MATHCOUNTS Competition Series according to the Eligibility Requirements section of the MATHCOUNTS School Handbook.

Signature - MATHCOUNTS School Coach

Date