

STATE MATHCOUNTS REGISTRATION

Region _____ County _____ Phone Number _____

**PLEASE SUBMIT THE COMPLETED REGISTRATION FORM TO:
NORTH DAKOTA MATHCOUNTS; P.O. BOX 712; BISMARCK, NORTH DAKOTA; 58502-0712**

Please indicate the total number of lunch tickets that are to be placed in the individual packets. (For each participant packet, include the number of lunch tickets being requested for each family member that will be attending the luncheon.) **Please make sure that all names are spelled correctly for booklet. (To assure correct pronunciation, please include phonetic spelling as appropriate.)**

County Superintendent's/Coordinator Packet # of tickets
Name _____

MATHCOUNTS Participant's packet: Name and School	Student Tickets:	Adult Tickets:
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Teacher's Packet
Name _____
Name _____
Name _____
Name _____

REGISTRATION
\$12.00 x _____ Number of MATHCOUNTS Participants = _____

LUNCHEON
\$10.00 x _____ Number of Student participants = _____
+
\$12.00 x _____ Number of additional tickets needed = _____

GRAND TOTAL _____

***Please make enclosed check payable to the NDPSE - MATHCOUNTS. ALL FEES ARE ASKED TO BE PRE-PAID BEFORE STATE COMPETITION BUT MUST BE PAID BY THAT DATE. PLEASE TYPE.**