

MathFest 1-8 Individual/Home School Registration Form

Student (s) Name:

(If more than 5 please attach a sheet with list of names)

Home Address:

Phone:

E-mail:

Payment Information

**Individual Registration
Cost = \$15 per student**

Total # of students _____ X \$15 + _____

State: _____ (list the state where you plan to compete)

Grade level of student(s) to attend

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th

Please list the total number of students for each grade level

Payment Information

Amount enclosed: \$ _____ or Amount paid by credit card: \$ _____

**Mail Registration Form and Check To:
MathFest Incorporated, 130 Victoria Place, Fayetteville, GA 30214**

Forward questions to Dr. Ron Boykins, 404 391-0249 (cell) or email at mathfest@comcast.net