State Mathematics Contest - Contestant Identification Form

This form must be completed by every contestant qualifying for the State Mathematics Contest (Comprehensive Division)

Last Name: ___________________________ First Name: ___________________ MI: ___

Street Address (Home): ______________________________________________________

City: ___________________________ NC  Zip: ___________ County: __________

Parent/Gaurdian: ___________________________________________________________

School: _________________________________________________________________

Current Grade Level (Year): (i.e. 9, 10, 11, 12, etc.) _______

Gender (circle one):  Male       Female

Previous State Contests (Comprehensive Division Only) that you have attended (circle one):

0     1     2     3     4     5 or more

At which regional contest did you qualify for the State Math Contest? (circle one)

ASU  Chowan  ECU  ECSU  Elon

UNC-C  UNC-W  Wake-Tech  WCU  WSSU

Full name of your Math Team Sponsor: ________________________________

If selected, will you be able to attend the ARML Mathematics Meet, June 1-2 at The University of Georgia?  The approximate cost of the trip will be about $50/student. (Circle one option)

Yes  No  Not Sure

Email Address: ________________________________

Phone Number: ________________________________