ANNUAL ACADEMIC COMPETITION IN MATHEMATICS

MATH BOWL 2017
SATURDAY, MARCH 4, 2017

REGISTRATION FORM

A.________________________________________________________________________

School District ______________________________________________________________

_________________________________________________________ School Name

________________________________________________________________________

Person Completing Form __________________________ Phone ___________ Date ________

One Math team will be accepted from each participating district. If space permits, additional
teams will be accepted. List teams in priority order--Team 1 is guaranteed, Team 2 is first
additional, etc.

Note: Please do not request a change in level after Monday, February 27, 2017.

B. Teams

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<tr>
<th>Math Team 1</th>
<th>Math Team 2</th>
<th>Math Team 3</th>
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C. Do you wish to enter more teams than those listed? Copy this sheet and send in those
names. We will notify you of how many teams may participate.

D. Judging - Person willing to judge: ____________________________________________

E. Supervision - Person willing to supervise: _________________________________

F. ______________________________________ Signature of Superintendent

Date

Make checks payable to: Suzanne Lewis

Attn: Academic Competition

Mail to: Suzanne Lewis

Cincinnati Country Day School
6905 Given Road
Cincinnati, OH 45243

Due Date: Monday, February 27, 2017