REGISTRATION FORM
GEORGIA SOUTHWESTERN STATE UNIVERSITY
MATHEMATICS TOURNAMENT, 2010

This form **MUST** be received by January 7, 2010. Mail the form and check to Dr. Kailash Ghimire, Department of Mathematics, Georgia Southwestern State University, 800 GSW State University Dr, Americus, GA 31709-4693. Confirmation will be sent upon receipt. Please make your check payable to **GSW MATHEMATICS TOURNAMENT** and enclose it with this registration form.

P L E A S E T Y P E O R P R I N T V E R Y N E A T L Y ! ! !

Contact person (for address files):_____ e-mail :_____
Name of school:_____ Phone:_____-_____-_____
Address:_____
(Mailing Address) (City) (Zip)
Team Sponsor: (if different from contact person) _____

This column reserved for GSW Use Only	**Name of Participants (*You may make changes at registration)***	**Grade**

_____ Please list your **GHSA** Classification (A, AA, AAA, AAAA, AAAAA) or your
_____ **GISA** Classification (AA, AAA).
Please circle any information on this form that is different from what appeared on your address label so that we may update our address files. This way, the appropriate person at your school will be able to receive competition information each year.

PLEASE CHECK AND COMPLETE APPLICABLE BLANKS:

_____ We wish to purchase _____ (#) tickets for lunch at the campus dining hall.
Cost is (#) x $6.00: thus the total amount enclosed for meals is _____.*
_____ The Registration Fee of $45.00 per school (up to eight team members) plus $3.50 per extra student (over eight, not eligible for awards) is enclosed.*

**If you wish, you may write a single check for the Registration Fee and Meal Tickets. Make the check payable to "GSW Mathematics Tournament."*