

TJHSST Varsity Math Team Intermediate Math Open Registration Form

Please print clearly

I. School Information

<i>School Name</i>	
<i>Address</i>	
<i>Phone</i>	
<i>FAX</i>	

II. Contact Information

Please provide information about the person who we can contact with information and questions and who will be attending the IMO on Saturday, February 2, 2008.

<i>Contact Name</i>	
<i>School Phone/Extension</i>	
<i>Home Phone (optional)</i>	
<i>E-mail Address</i>	

III. Student Information

Please list up to eight students from your school to attend the IMO on Saturday, February 2, 2008. **Make sure these students can stay for the whole day and can arrange transportation.**

Last Name	First Name	Gender	Grade	G/T	Math Course
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

Return this form along with \$6.00/participant to Pat Gabriel, TJHSST, 6560 Braddock Rd., Alexandria, VA 22312, before January 11, 2008. Make checks payable to TJHSST.