SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_

SCHOOL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP

SPONSOR E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the areas in which your school will participate and **also the first and last names** of students who will compete in each category. Please enclose the proper registration fee.

We prefer this form be typed (if possible).

**For the Online Portion:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Algebra I  (First & Last Names) | Algebra II  (First & Last Names) | Geometry  (First & Last Names) | Trig & Pre-Calculus  (First & Last Names) | Calculus  (First & Last Names) |
|  |  |  |  |  |
| **Total Students in Algebra I:** | **Total Students in Algebra II:** | **Total Students in Geometry:** | **Total Students in Trig/Pre-Calculus:** | **Total Students in Calculus:** |

**Total number of students participating in online portion: \_\_\_\_\_\_\_\_\_\_\_\_ X $7=\_\_\_\_\_\_\_\_\_\_\_\_**

For the Mini-Interschool Round, check the blank that applies:

\_\_\_\_\_\_\_\_ My team **will** participate.

\_\_\_\_\_\_\_ My team **will not** participate.

Make checks payable to: **MSMS Mu Alpha Theta**.

**Please return this form and registration fees by January 29, 2021 to:**

Amy C. Elsmore

1100 College St. MUW #1627

Columbus, MS 39701

email: aelsmore@themsms.org or

(Fax) 662-329-7205