

Registration Form
Thirty-Fifth Annual CSU Invitational Mathematics Tournament
February 28, 2009

This registration form and your \$25 registration fee must be returned no later than Monday, February 16, 2009 to the following address:

Mathematics Tournament
Department of Mathematics
Columbus State University
4225 University Avenue
Columbus, GA 31907-5645

Please make checks payable to the *CSU Foundation*.

A confirmation will be sent to:

Contact person: _____

School: _____

Mailing Address: _____

Email Address: _____ Telephone: _____

Team Sponsor(s): _____

School Enrollment (9-12): _____

High School Association Classification: _____ (A, AA, AAA, AAAA)

Name of Local Newspaper (If other than Columbus Ledger/Enquirer): _____

Please list the names of all expected participants on the back of this page so that we may prepare certificates of participation. You may add names to this list or delete names from this list on the day of the tournament, but please let us know in advance if the number of participants will vary by more than 5 from the number indicated on this form. We will be assigning a block of registration numbers to each school at the beginning of the tournament at which point sponsors will indicate ciphering pairs.

