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MATHLETICS Competitors: 1. _____ Gr: __ 2. _____ Gr: __ 3. _____ Gr: __

School Name:		School District:	
School Address:			
School City/State/Zip:		School Phone #:	
*Email:		School Fax #:	
Head Sponsor:		Home Address:	
Home Phone #		City/State/Zip:	

Sponsors - At least one sponsor must be provided for each participating grade level (10 students). Please note: Graders must be teachers.

Teachers are encouraged to join NCTM, KATM and/or MCTM, and KCATM to support our professional national, state, and local mathematics organizations.

Grade Level	Sponsor Name (P)Parent, (T)Teacher, (A)Administrator	Home address, phone, & email	Proctor or Grader? <i>preferred times</i>	Current KCATM Member?	Joining KCATM or renewing membership?	Membership fees being paid (\$10 / year) with this entry
1.				Yes No	Yes No	FREE
2.				Yes No	Yes No	\$10
3.				Yes No	Yes No	\$10

Costs: \$40 per grade level entered ___ x \$40 = _____

Total KCATM Membership Fees: _____

\$10 per KCATM membership ___ x \$10 = _____ (1 free KCATM membership)

Total Amount (payable to KCATM) = _____

Registrations are due February 13, 2012. NO late registrations accepted! Fax: 913-780-7137 Email: jhiattoe@olatheschools.org