



# MATHEMATICS OLYMPIAD REGISTRATION FORM

Minister Sylvester L. Lewis, Executive Team Lead

"PLEASE ONLY USE ONE REGISTRATION FORM PER PARTICIPATE OR TEAM"

*Louisiana First Jurisdiction*  
CHURCH OF GOD IN CHRIST

(Please type or print neatly)

NAME \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street City State Zip*

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_ EMAIL \_\_\_\_\_  
*Home/Cell Church*

NAME OF CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_

DISRTICT \_\_\_\_\_ SUPERINTENDENT \_\_\_\_\_

DISTRICT COORDINATOR \_\_\_\_\_

DISTRICT MATH COORDINATOR \_\_\_\_\_

## REGISTRATION FEES

### Individual Division

Participate will compete in the Grade Division Level of the Grade they Recently completed

- LEVEL I Grades 1 - 3 \$7.00
- LEVEL II Grades 4 - 5 \$7.00
- LEVEL III Grades 6 - 8 \$10.00
- LEVEL IV Grades 9 - 12 \$12.00

### Team Division

Teams must be made up of at least two (2) but no greater than four (4) members of the same Grade Division Level

- | Grade Level                                     | Fees              | # of Team Members |
|---|-------------------|-------------------|
| <input type="checkbox"/> LEVEL I Grades 1 - 3   | \$7.00 per person | _____             |
| <input type="checkbox"/> LEVEL II Grades 4 - 5  | \$7.00 per person | _____             |
| <input type="checkbox"/> LEVEL III Grades 6 - 8 | \$7.00 per person | _____             |
| <input type="checkbox"/> LEVEL IV Grades 9 - 12 | \$7.00 per person | _____             |

### For Office Use Only

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_