

# Registration

## Indiana College Mathematics Competition

**Team #:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Team Members (Please print legibly)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Faculty**

**Sponsor:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note on Friday, March 20, 2009:**

- **Registration is from 3:30 – 3:50 PM (4<sup>th</sup> floor Campus Center)**
- **Contest Orientation is from 4:00-4:15 PM (Room 450A)**
- **Contest runs from 4:30 – 6:30 PM**