

2009 UNIVERSITY OF MARYLAND MATHEMATICS COMPETITION
REGISTRATION AND REQUEST FORM

Return **not later than October 2, 2009** to: Dr. Larry Washington
Department of Mathematics
University of Maryland
College Park, MD 20742
fax: (301) 314-0827

NAME OF SCHOOL _____

SCHOOL ADDRESS _____

Street

City or Town

MD or DC

Zip Code

PHONE # _____

Name of County (or Baltimore City/D.C.)

CONTEST ADMINISTRATOR: _____

Email address of Contest Administrator: _____

NUMBER OF PROSPECTIVE PARTICIPANTS: _____

REQUEST

I hereby request permission to administer Part I and, if needed, Part II of the University of Maryland High School Mathematics Competition at the school named above. I agree to abide by all instructions for the administration of the exam(s). I understand that violations may result in the disqualification of participants.

Contest Administrator's signature

Please attach a list of prospective participants. (This list should be approximately correct, but small modifications are allowed.)