

Western Illinois University Mathematics Department

AMC 8 November 19, 2013

4:00 – 5:00 pm

Registration Form

SCHOOL _____

SCHOOL ADDRESS _____

CITY _____, IL ZIP CODE _____

TEACHER NAME _____

E-MAIL _____ PHONE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

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STUDENT NAME _____ GRADE _____

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STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

The fee for each student taking the exam for the contest will be paid by the WIU Department of Mathematics.

Each school will be responsible for the transportation for the registered student(s).

Send to Laura Cripe, Department of Mathematics, WIU, 1 University Drive, Macomb, IL 61455

Phone: 309-298-2275; E-mail LL-Cripe@wiu.edu

Please duplicate this form as needed.

Additional information found on wiu.edu/math or faculty.wiu.edu/JR-Olsen/wiu/contests/AMC/AMC8-front.htm