

SoftSeven

MathRace Regional Competition Registration Form

School: _____ Phone: _____
Principal Name: _____ Cell: _____
Contact Person: _____ Cell: _____
Regional Attending: _____

| | Student Competitors | Grade | High Score (so far) |
|------|---------------------|-------|---------------------|
| **1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

**** School Champion (include birthday _____ and photo for calendar)**
Email champion's name, birthdate and photo to markmccurry@sbcglobal.net

Fax to Dr. McCurry at 918-967-2192 or email info to markmccurry@sbcglobal.net
Confirm registration at softseven.com. Note: The top ten **from each regional** will be invited to the SoftSeven Championship in Oklahoma City in May.