



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.   | _____               | _____ | _____               |

**\*\* School Champion (include birthday \_\_\_\_\_ and photo for calendar)**  
**Email champion's name, birthdate and photo to [markmccurry@sbcglobal.net](mailto:markmccurry@sbcglobal.net)**

Fax to Dr. McCurry at 918-967-2192 or email info to [markmccurry@sbcglobal.net](mailto:markmccurry@sbcglobal.net)  
Confirm registration at [softseven.com](http://softseven.com). The top students **from each regional** will be invited to the SoftSeven Championship in Oklahoma City in May.