

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.	_____	_____	_____

**** 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. The top students **from each regional** will be invited to the SoftSeven Championship in Oklahoma City in May.