

SoftSeven

MathRace Regional Competition Registration Form

School: _____ Phone: _____

Principal Name: _____ Cell: _____

Contact Person: _____ Cell: _____

Regional Site Attending: _____

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

Regular Enrollment – Top 5 students may attend Regionals

6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Deluxe Enrollment – Top 10 students may attend Regionals

11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____

Newton Box Addition-may also send 3 addition students

**School champion (include birthday _____ and photo for calendar) Email champion's name, birth month and day, and photo to patti@softseven.com.

Email this completed form to: softseven@att.net. Confirm Regional site information at softseven.com. Top students from each regional will be invited to the SoftSeven State Championship in Midwest City, April 30th. For questions, please call or text Lea Ann at 918-705-0610 or Patti at 832-445-7674.