MATH OLYMPIADS
2005-2006 Registration Form

Parents’ Names: ____________________________________________________

Address: __________________________________________________________

City / State / Zip: ___________________________________________________

Phone numbers: ____________________________________________________

E-mail: ___________________________________________________________

Emergency contact person and phone (Thursdays, 7:45 to 8:45am):

_________________________________________________________________

Names of children you wish to enroll: Grade: Course:

________________________________ _______  ____________________

________________________________ _______  ____________________

________________________________ _______  ____________________

________________________________ _______  ____________________

For 4th-8th graders, please indicate Intro Problem-Solving or TOPS Math Labs.

For the high school level, please indicate if you plan to attend the statistics class
(9-10 a.m.) or just participate in the AMC exam competition, which will be
Tuesday January 31, 2006 (with three review sessions).

Enrollment is $20 for first child, $10 for each additional child; scholarships
available. Make check payable to "Science Resources" and mail to:

Robert Styer, 1411 Delmont Avenue, Havertown, PA 19083.

For more information, contact Robert Styer:
Phone 610-896-0908, email robert.styer@villanova.edu

http://www.homepage.villanova.edu/robert.styer/MathOlympiads/index.html