ENTRANCE FORM
49th AUGUSTA UNIVERSITY MATHEMATICS CONTEST
FRIDAY, MARCH 1, 2024

RETURN COMPLETED FORM ON OR BEFORE FEBRUARY 1, 2024 TO:

Dr. Michael Otunuga
Department of Mathematics
Augusta University
1120 15th St, GE 2035
Augusta, GA, 30912
Email: ootunuga@augusta.edu
FAX: (706)-729-2155 (FORM MAY BE FAXED)

School:

Address:

(City) (State) (Zip)

Phone Number:

Name of Principal/Headmaster/Other:

School is:

Faculty Sponsor

1. 2. 3.

Sponsor's E-mail:

1. 2. 3.

PLEASE PRINT OR TYPE NAME AS IT SHOULD APPEAR ON NAME BADGE.

TEAM A	TEAM B
1.	1.
2.	2.
3.	3.
4.	4.

ALTERNATES

1. 2. 3.

Confirmation: The students named above are eligible to compete as students of the above named school.

Signed by: