ENTRANCE FORM $49^{\text{TH}} \text{ AUGUSTA UNIVERSITY MATHEMATICS CONTEST } \\ \text{FRIDAY, MARCH 1, 2024}$

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

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Dr. Michael Otu Department of M Augusta Univers 1120 15th St, GE Augusta, GA, 30 Email: ootunuga FAX: (706)-729-	Mathematics sity 2 2035 1912		
School:			
Address:			
	(City)	(State)	(Zip)
Phone Number:			
Name of Princip	oal/Headmaster/Other:		
School is:			
Faculty Sponsor			
1.	2.	3.	
Sponsor's E-mai	1:		
1.	2.	3.	
PL	EASE PRINT OR TYPE NAME	AS IT SHOULD APPEAR ON N	AME BADGE.
	TEAM A		TEAM B
1.		1.	
2.		2.	
3.		3.	
4.		4.	
	ALT	TERNATES	
1.	2.	3.	
Confirmation	: The students named above are	eligible to compete as students of	the above named school

Signed by:

Signature: