SCHOOL ENROLLMENT FORM
CONTEST DATE – APRIL 18, 2006

School ____________________________ City ____________________________ County ____________________________
School Email Address ____________________________ School Contest Supervisor ____________________________
Does Your School Offer a Statistics Course ____________________________ Today’s Date ____________________________

<table>
<thead>
<tr>
<th>Course</th>
<th>Algebra I</th>
<th>Geometry</th>
<th>Algebra II</th>
<th>Statistics</th>
<th>Precalculus</th>
<th>Calculus and Advanced Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER ENROLLED IN COURSE</td>
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<tr>
<td>MAXIMUM PERMISSIBLE NUMBER CONTESTANTS ENTER CORRECT NUMBER FROM THE TABLE ON PAGE 6</td>
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<tr>
<td>NUMBER TO COMPETE AT TESTING CENTER NOT MORE THAN THE NUMBER ON PRECEDING LINE</td>
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</tbody>
</table>

NOTE: PLEASE PAY $2.00 PER CONTESTANT, AND MAKE CHECKS PAYABLE TO TMTA

Please mail your remittance to your West Tennessee site Coordinator.

High School Contest Coordinators

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