



* Return this electronic copy to mathgames@seaprep.org by **Wednesday, October 1st.**

Name of School_____

Adult contact _____

Adult contact cell phone number -- day of event _____

Total teams registered: _____ Total students attending_____

TOTAL t-shirt sizes-- Please write in the number of each t-shirt size that you are requesting
(1 per participating team member)

____Adult small ____Adult med. ____Adult large ____Adult x-lg.

Teams: Each team must consist of $3 \leq \text{members} \leq 5$.

-- please type first *and* last name of student...

Team 1

highlight one

	M F
	M F
	M F
	M F
	M F

Team 2

highlight one

	M F
	M F
	M F
	M F
	M F

Team 3

highlight one

	M F
	M F
	M F
	M F
	M F

Team 4

highlight one

	M F
	M F
	M F
	M F
	M F