ENTRANCE FORM $50^{TH} \ AUGUSTA \ UNIVERSITY \ MATHEMATICS \ CONTEST$ FRIDAY, FEBRUARY 28, 2025

RETURN COMPLETED FORM ON OR BEFORE FEBRUARY 3, 2025 TO:

Signature:

Iddi Oldi Colli	ELILD I ORNI ON ORDLI OR	1 EDICHICI 3, 2023 10.	
Dr. Michael Otu Department of M Augusta Univers 1120 15th St, GE Augusta, GA, 30 Email: ootunuga FAX: (706)-729-	Mathematics sity 2035 912		
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.	
PLI	EASE PRINT OR TYPE NAME AS	S IT SHOULD APPEAR ON NA	AME BADGE.
	TEAM A		TEAM B
1.		1.	
2.		2.	
3.		3.	
4.		4.	
	ALTE	RNATES	
1.	2.	3.	
Confirmation	The students named above are eli	gible to compete as students of	the above named school

Signed by: