



2011 - 2012 School Contact Designee Form



To better serve your school we ask that you complete the following information to designate an official Math Pentathlon® Contact Person who will be the **primary** representative for your school. The Contact Person will receive all communication from the Pentathlon Institute to share with others. **The school's contact must be approved by the school principal.** If approved the contact may access their preliminary tournament database.

DISTRICT _____ **SCHOOL** _____

STATE: ___Indiana ___Michigan ___Ohio ___Texas Other: _____

Math Pentathlon games are taught in: ___Classroom Only ___Club Only ___Both Classroom & Club

Our students: ___WILL or ___WILL NOT be competing in the Math Pentathlon Tournament

SCHOOL CONTACT DESIGNEE NAME _____

Role: ___Teacher ___Parent ___Other: _____

Email _____ **Primary Phone** (_____) _____

Secondary Phone (_____) _____ **FAX** (_____) _____

Mailing Address _____ **City, ST Zip** _____

IS CONTACT DESIGNEE THE SAME AS LAST YEAR? ___ YES ___ NO

Principal's Name (Print) _____ Principal's Signature _____

Principal's Email _____ Date _____

This section is for sharing information with our institute (Comments, Student Quotes, Praise, Suggestions, etc).

INDIANA/OHIO/MICHIGAN: EMAIL this form to pentama@aol.com or FAX TO (317)-545-8877

TEXAS: EMAIL this form to math@austin.rr.com or FAX TO (512)-258-8560