



2009-2010 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** _____

CENTER (circle one): Elkhart Indianapolis Michigan Texas Other: _____

Math Pentathlon games are taught in (circle one): Classroom Only Club Only Both Classroom & Club

Our students (circle one): WILL *or* WILL NOT be competing in the Math Pentathlon Tournament

SCHOOL CONTACT DESIGNEE NAME (PRINT) _____

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).

FAX TO (512)-258-8560 OR MAIL TO ADDRESS BELOW

(317) 356-6284 * FAX (317) 356-6680 * Pentathlon Institute * 1412 Sadlier Cr E Dr * Indianapolis, IN 46239

Office Use Only Signature: ___ Excel ___ MPT Online ___ Confirmation ___ Email Updates SCHOOL CONTACT DESIGNEE.doc π08