

Delaware Secondary School Mathematics League – High School 2016-17 Registration Form

Coaches, please complete this form. Make a copy of this form for your business office for processing of payment. Fax the form immediately to 302-454-2155 or mail a copy to the address given below. PLEASE PRINT ALL INFORMATION LEGIBLY. E-mail addresses and complete mailing addresses with zip codes are needed.

Registrations must be received no later than September 26, 2016. Payment must be received before Thanksgiving, November 24, 2016. Confirmations for registrations and payment will be e-mailed.

School: _____ District: _____

Address: _____ What is your normal dismissal time? _____

_____ Zip code: _____

9th Grade Teams (maximum of three teams per school at 9th grade level)

of teams: _____ Cost (\$75 for 1st team + \$50 for each additional team at 9th grade level): _____

Name of 9th Grade Coach: _____

School Phone: _____ Home or Cell Phone: _____

Fax: _____ E-mail: _____

Senior High Teams (maximum of three teams per school at grades 10-12 combined)

of teams: _____ Cost (\$75 for 1st team + \$50 for each additional team at grades 10-12): _____

Name of Senior High Coach: _____

School Phone: _____ Home or Cell Phone: _____

Fax: _____ E-mail: _____

Total amount due for Grades 9 - 12: _____ Please check: _____ payment enclosed
_____ will pay later

Make checks payable to DCTM, Inc. Purchase Orders will NOT be accepted. DCTM's State of Delaware vendor number is 0000141875. Payment should be processed from this registration form; invoices cannot be provided. If you are paying through the State accounting system, please enclose a note or put some notation on your check so that your school will receive proper credit. State checks generally have only the school district name on them. Thank you! **Mail this registration form and payment to:**

Thomas J. Koliss
Math League / Grades 9-12
4508 Sandy Drive
Wilmington, DE 19808

Tel: 302-631-4700 x 14422
Fax: 302-454-2155
E-mail: thomas.koliss@christina.k12.de.us

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