

APPLICATION FORM
20th USC High School Math Contest
Saturday, January 21, 2006

Mathematics Team Teachers _____

Name of High School _____

Address _____

City _____ State _____ Zip _____

Phone (School) _____ FAX _____

Phone (Teacher) _____

Email (Teacher) _____

High School's world-wide web address _____

The following information will be used to separate schools into two divisions for team awards.

You do not need to fill this out if your school has participated in our contest within the last 3 years.

Please provide the following information regarding your school:

Athletic division _____ Number of students in grades 10–12 _____

Number of mathematics faculty _____

Approximate number of students enrolled in Algebra III and Trigonometry or higher _____

Does your school offer an AP Calculus program? Yes _____ No _____

If yes, please indicate:

Approximate number of students taking AB Calculus last year _____

Approximate number of students taking BC Calculus last year _____

Email, Mail, or FAX by January 7th to:

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FAX #: (803)777-3783
WWW: <http://www.math.sc.edu/contest/>