

# ***MAA AMC 8, 10, 12 MATHEMATICS COMPETITIONS***

***Hosted by***

***BUCKS COUNTY COMMUNITY COLLEGE***

***Department of Mathematics, Science and Technology***



***Date:*** MAA/AMC 8: November 15, 2011

MAA/AMC 10/12 A: February 7, 2012

MAA/AMC 10/12 B: February 22, 2012

***Time:*** 3:30 p.m.

***Location:*** Bucks County Community College  
275 Swamp Road  
Newtown, PA 18940-4106  
Founders Hall, Room 135

## MAA/AMC REGISTRATION FORM 2011-2012

**Student Name:** \_\_\_\_\_

Please print

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Contact Person** (Principal or Guidance Counselor): \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CEEB#:** \_\_\_\_\_

**Test(s) you are registering for:** (please check one or more, as appropriate.)

\_\_\_\_ 8    \_\_\_\_ 10A    \_\_\_\_ 10B    \_\_\_\_ 12A    \_\_\_\_ 12B

Please return this form to Elaine Fitt at [fite@bucks.edu](mailto:fite@bucks.edu) or fax to 215 968 8294