

Indiana Academic M.A.T.H. Bowl

2024 Elementary M.A.T.H. Invitational Order Form



Host School: _____

Coordinator: _____

Coordinator Email: _____

School address: _____

City/Zip: _____

I understand the date of our competition must be on one of these dates:

February 26 27 28 29 March 1 2 3 4 5 6 7 8

(Circle one date-can be tentative)

This competition is _____ Open (accepting more participants) or _____ Closed

I understand that our site will be invoiced \$40, to help offset the cost of having the questions written. If you fax this form to IASP, **a purchase order must be included with this order.**

NEW! If you plan to provide your own awards to teams that include the IASP or M.A.T.H. Bowl Logos, please submit a sample design of the awards to Chris at chammer@iasp.org.

Signed: _____

Host Principal

This form must be returned by February 16, 2024

Mail order form to: IASP
Department of Student Programs
11025 East 25th Street
Indianapolis, IN 46229

Or Fax to: 317-454-0749