ACTM Regional Mathematics Contest Information

The Mathematics Department at the University of Central Arkansas (UCA) will host the Central Arkansas Regional Mathematics Contest, sponsored by Arkansas Council of Teachers of Mathematics (ACTM), on Saturday, March 7, 2015. Secondary school students enrolled in any one of the following courses are invited to participate: Algebra I, Geometry, Algebra II, Trig/Precalculus, Calculus, and Statistics. Trophies will be awarded to students placing first, second, and third in each subject. These students, along with others from a statewide pool of high scores, will be invited to participate in the State Contest on Saturday, April 25, 2015, on the UCA campus.

A sponsor, such as a teacher or parent, must accompany students participating in the contest at UCA. Tests begin at 10:00 a.m. Students should arrive between 9:00 and 9:15 a.m. on Saturday, March 7, 2015. Please bring a pencil and appropriate calculator. A registration fee of $2.00 is charged to each student participating in the contest. There is no additional fee for participation in the State Contest. Please complete the online registration and return the photography consent and $2 registration fee to your sponsor by Wednesday, February 25, 2015.

If you have any questions, please do not hesitate to contact your local sponsor or a regional coordinator: Dr. Pinchback at 450-5656 or carolinp@uca.edu; or Mrs. Booher at 450-5660 or loib@uca.edu.

REGISTRATION (To be completed online)

Please register online at the following website: www.uca.edu/ACTM/registration

Use the following sponsor information exactly as shown:

Sponsor: (first name)_________________________ (last name) __________________________

Sponsor’s e-mail address: ____________________________

PHOTOGRAPHY CONSENT (Must be signed and returned)

My child, ________________________________ (please print), is registered to participate in the ACTM Regional Mathematics Contest to be held on March 7, 2015 in the Department of Mathematics at the University of Central Arkansas. As the parent / legal guardian I give my consent for my child to be photographed and his/her name printed, if necessary. I understand that photographs may be printed on the UCA website, the Department of Mathematics website, and possibly in the Log Cabin Democrat and Arkansas Democrat-Gazette newspapers; and I give my permission for such.

__________________________________________
Print Name of Parent or Legal Guardian

__________________________________________
Signature of Parent or Legal Guardian