New Mexico Supercomputing Challenge 2005-2006 Team Entry Authorization Form

(Please type or print CLEARLY.)

School Name	Public/Non-Public/Ho	ome (Circle One)
Street Address	Phone	Fax
City, State Abbreviation, Zip Code	Date	
MAXIMUM FIVE STUD	ENTS PER TEAM	
Student: I understand by signing below that I agree to abide by the rules of the Superca AUP and will submit work for consideration that is solely my own. I also un respects.		
NOTE: The name you enter must be legible and the same as you entered ele	ctronically.	
1 Student Name (Please Print - First Name, MI, Last Name)	Signature	
2Student Name (Please Print - First Name, MI, Last Name)	Signature	
3Student Name (Please Print - First Name, MI, Last Name)	Signature	
4Student Name (Please Print - First Name, MI, Last Name)	Signature	
5Student Name (Please Print - First Name, MI, Last Name)	Signature	
Teacher - Sponsor (Please Print - First Name, MI, Last Name)	Signature	
Teacher (Please Print - First Name, MI, Last Name)	Signature	
Project Advisor (Please Print - First Name, MI, Last Name)	Signature	
Area of Science of Report (http://www.challenge.nm.org/about/areas.shtml)		
Principal (Please Print - First Name, MI, Last Name)	Signature, Principal	Date
Teacher/Principal: I/We agree by signing above that we will guide the individual efforts of the competition and throughout this academic year. I/We certify that we have results in the competition of the		

authorize/approve this Team Entry.

Return to:

New Mexico Supercomputing Challenge P. O. Box 30102 Albuquerque, NM 87190

IMPORTANT

This form MUST be signed by all Students, Teachers and the School Principal/Headmaster and returned with the registration fee of \$30 per student. **REGISTER ELECTRONICALLY FIRST** by the end of September, and then mail this form to arrive no later than Friday, October 7, 2004. Checks should be made payable to **NMAISC**.