New Mexico Supercomputing Challenge 2024-2025 Team Entry Authorization Form

School Name Public/Non-Publ	ic/Home
Street Address Phone	
City, State Abbreviation, Zip Code Date	
MAXIMUM FIVE STUDENTS PER TEAM – Registration fee	\$40.00 per student
Student: I understand by signing below that I agree to abide by the rules of the Supercomputing Challeng AUP and will submit work for consideration that is solely my own. I also understand that the derespects. I grant permission to the Challenge to use any photographs, motion pictures, recording legitimate purpose.	ecision of the Challenge staff is final in all
NOTE: The name you enter must be legible and the same as you entered electronically.	
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2.	
Student Name (First Name, Last Name)	
Student Name (First Name, Last Name)	
4. Student Name (First Name, Last Name)	
5.	
Student Name (First Name, Last Name)	
Teacher - Sponsor (First Name, Last Name)	
Area of Science of Project	
Principal (First Name, Last Name)	

Teacher/Principal:

I/We agree by submitting this form that we will guide the individual efforts of the members of this team throughout the Supercomputing Challenge competition and throughout this academic year. I/We certify that we have read the Supercomputing Challenge Rules and hereby authorize/approve this Team Entry.

Fill out and bring to the Kickoff or mail to: Supercomputing Challenge PO Box 91824 Albuquerque, NM 87199

IMPORTANT

There is a registration fee of \$40 per student. **REGISTER ELECTRONICALLY FIRST** in September. Pay with PayPal or checks can be made payable to **Supercomputing Challenge** and included with this form.