



**Math Games Registration Form**

To register please complete **1 copy** of the following form **for every attendee** and e-mail it to Ayana Neal at [aneal@boston.k12.ma.us](mailto:aneal@boston.k12.ma.us). You may also fax the form to Ayana Neal at (617)635-6610. Please submit this form at least 5 business days before the day of the workshop. Thank you.

**Please print clearly.**

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

PLEASE CHECK WHICH MATHGAMES SECTION(S) YOU WILL ATTEND:

- Pre-k – 1<sup>st</sup> Grade       2<sup>nd</sup>-3<sup>rd</sup> Grade       4<sup>th</sup> -5<sup>th</sup> Grade  
                          Oct. 19, 26, Nov. 2                                      Nov. 9, 16, 30, Dec. 7, 14                                      Jan. 4, 11, 25, Feb. 1, 8
  
- 6<sup>th</sup>-8<sup>th</sup> Grade  
                          Feb. 29, March 7, 28, April 4, 11

AGES SERVED \_\_\_\_\_

ARE YOU INTERESTED IN TAKING THIS COURSE FOR CREDIT?  YES     NO  
IF YES, PLEASE INDICATE WHICH TYPE OF CREDIT:  Undergraduate  Graduate

YOUR ROLE (PLEASE CHECK ONE):

- Volunteer                                       Parent                                       Teacher
- Team/Group Leader                                       Advocate/Intermediary                                       Public/Private Funder
- Director/Leader/Administrator
- Specialist (e.g. mental health professional, education coordinator, art instructor, etc.)
- Other: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*We will make every effort to accommodate you, however, space at Math Games workshops is limited. Submission of this form does not ensure the availability of a seat in your desired workshop. We will send you confirmation of your registration via email or phone within 1 to 2 days after receiving it.*

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