

Minnesota State High School Mathematics League

Macalester College, 1600 Grand Avenue, St. Paul, MN 55105

Phone: 651-696-6475 FAX: 320-587-2936

Wayne Roberts, Director Shari Colvin, Assistant Director

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www.macalester.edu/mathleague

LETTER OF INTENT

This letter confirms our intention to participate in the Minnesota State High School Mathematics League in the 2008-09 season. We understand that there is a **\$500** annual school membership fee.

____ Our check, made out to the **Minnesota State High School Mathematics League**, is enclosed with this letter.

____ We will send our check when we enter our new fiscal year.
(Checks should be sent **on or before October 15, 2008**)

Our designated coach will complete travel arrangements, accompany or see that our team is accompanied at league meets, and represent our school as necessary at meetings of the division to which we belong.

SCHOOL	COACH(ES)
Name _____	(1)Name _____
Address _____ _____	Home Address _____ _____
Phone () _____ Extension _____	Home Phone () _____ Email Address _____
Fax () _____	(2)Name _____ Home Address _____ _____ Home Phone () _____ Email Address _____
Principal's Name _____	
Signature of Principal _____	
Division's Name _____	

Please mail or fax this **signed letter** to the League Office by **September 15, 2008**.
Payment is due on or before October 15th. The League's FAX number is 320-587-2936.