1. Name of School ________________________________

Address/City/Zip ______________________________________________________________________________

School includes grades (ex: K-4, K-5, 4 only, 5-8, 6 only, 6-8, 7-8, 6-12, 7-12, 9-12) __________________________

Telephone ____________________________________ Indiana Dept of Education # ____________________

Principal Printed name and signature _________________________________________________________________ /

2. Determine Department of Student Programs Membership:  Circle membership $ amount

   Elementary: you are considered an elementary school if your school does not include above grade 6 $55

   Middle level: any combination of grade 8 and under (K-8, 5-8, 6-8, 7-8)

   School with up to 350 total enrollment $135
   OR School with 351 and above total enrollment $170

   Senior level: any combination of grade 12 and under (K-12, 6-12, 7-12, 9-12)

   School with up to 500 total enrollment $225
   OR school with 500 and above total enrollment $345

3. Check contests you are entering:

   ___________Spell Bowl                  # of teams - Elem. only______X $90 $__________

   ___________Science Bowl               # of teams - Elem. only______X $86  $__________

   ___________M.A.T.H. Bowl              # of teams - Elem. only______X $95  $__________

   ___________Future Problem Solvers     (Elem. FPS Package Deal - $220) $__________

   ___________Spell Bowl                  Jr. Spell Bowl entry fee $170__________

   ___________Academic Super Bowl       Jr. Academic Super Bowl entry fee $166__________

   ___________Future Problem Solvers     (Middle FPS Package Deal) * $295__________

   ___________Spell Bowl                  Sr. Spell Bowl entry fee $220__________

   ___________Academic Super Bowl       Sr. Academic Super Bowl entry fee $270__________

   ___________Quiz Bowl                  Sr. Quiz Bowl entry fee $200__________

   ___________Future Problem Solvers     (Senior FPS Package Deal) * $295__________

4. Total Membership fee (#2) plus all contest entry fees (#3) $__________

   * For Future Problem Solvers a la carte pricing, please email jslinker@iasp.org or chammer@iasp.org
Name of School ____________________________________________

SENIOR
Total School Enrollment _________; Our school includes the following enrollment numbers in grade 9 ____; grade 10 ____; grade 11____; grade 12____

Determine competition class from total grades 9-12 enrollment numbers above
____Class #1 1080 and up; _____Class #2 612-1079; _____Class #3 356-611; _____Class #4 up to 355

Spell Bowl:
Class ______ Contact Name/Email ________________________________
Contact Name/Email___________________________________________

Academic Super Bowl:
Class ______ Contact Name/Email ________________________________
Contact Name/Email___________________________________________

Quiz Bowl:
Contact Name/Email___________________________________________
Contact Name/Email___________________________________________

Future Problem Solvers
Contact Name/Email___________________________________________
Contact Name/Email___________________________________________

JUNIOR / MIDDLE
Total School Enrollment _________; Our school includes the following enrollment numbers in grade 6 ____; grade 7 ____; grade 8____

Determine competition class from total grades 6-8 or 7-8 enrollment numbers above

Teams with students in grades 6-8 competing
Class #1 over 720 students in grades 6-8
Class #2 450-719 students in grades 6-8
Class #3 256-449 students in grades 6-8
Class #4 up to 255 students in grades 6-8

OR

Teams with students in grades 7-8 competing
Class #1 over 479 students in grades 7-8
Class #2 300-479 students in grades 7-8
Class #3 171-299 students in grades 7-8
Class #4 up to 170 students in grades 7-8

Spell Bowl:
Class ______ Contact Name/Email ________________________________
Contact Name/Email___________________________________________

Academic Super Bowl:
Class ______ Contact Name/Email ________________________________
Contact Name/Email___________________________________________

Future Problem Solvers
Contact Name/Email___________________________________________
Contact Name/Email___________________________________________
NAME OF SCHOOL ____________________________

ELEMENTARY

Total School Enrollment __________
Our school includes the following enrollment numbers in grade 4 ______; grade 5 ______; grade 6 ______

<table>
<thead>
<tr>
<th>BLUE CLASS</th>
<th>GREEN CLASS</th>
<th>YELLOW CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>includes 6th graders competing with 187 and over total students in grades, 4, 5, and/or 6</td>
<td>includes 6th graders competing with up to 186 students in grades, 4, 5, and/or 6</td>
<td>team includes ONLY 4th grade</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORANGE CLASS</th>
<th>RED CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>includes ONLY 4th &amp; 5th or 5th only; with 163 and over total students in grades 4 and 5</td>
<td>includes ONLY 4th &amp; 5th or 5th only; with up to 162 total students in grades 4 and 5</td>
</tr>
</tbody>
</table>

Spell Bowl:
Team 1 Class _______ Contact Name/Email __________________________/______________________________
Team 2 Class _______ Contact Name/Email __________________________/______________________________

M.A.T.H. Bowl:
Team 1 Class _______ Contact Name/Email __________________________/______________________________
Team 2 Class _______ Contact Name/Email __________________________/______________________________

Science Bowl:
Team 1 Class _______ Contact Name/Email __________________________/______________________________
Team 2 Class _______ Contact Name/Email __________________________/______________________________

Future Problem Solvers
Contact Name/Email________________________________/________________________________________

Schools that withdraw after the entry deadline may request a refund of 50% of entry fee. No refund will be made to schools who do not compete or fail to notify DSP of withdrawal. All requests for refunds must be made by email to DSP.

In an effort to expedite communication with your treasurer, we ask that you share your treasurer name/email with us (not required for participation).
Treasurer Name & email ___________________________________/_________________________________________________

Payments may be made with one check and mailed to: IASP Dept. of Student Programs, 11025 East 25th St., Indianapolis, IN 46229

PURDUE UNIVERSITY

INDIANA STATE UNIVERSITY More. From day one.