



MASSACHUSETTS ACADEMIC GAMES LEAGUE OF AMERICA

promoting excellence through academic competition

STUDENT REGISTRATION FORM

Please print clearly with a black or blue pen.

<i>General Information:</i>					
Name	_____				
	(Last Name, First Name)				
Age _____	Race _____ (for grant/funding purposes)	Email _____			
Address	_____				
	_____ (City) _____ (Zip Code)				
Cell #	() _____ — _____	Home #	() _____ — _____		
<i>Parent/Guardian Information:</i>					
Name	_____				
	(Last Name, First Name)				
Relationship	_____	Contact #	_____		
Email	_____				
<i>School Information:</i>					
Name	_____				
City	_____	Grade	_____	GPA	_____