



The 3<sup>rd</sup> Annual Cheetah Cup  
**A Math Olympiad Competition for 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Graders**  
 Creek View Elementary School, 3995 Webb Bridge Road, Alpharetta, GA 30005

## Tournament Registration Form

(Please print clearly)

Chaperone for this team: \_\_\_\_\_

Name of school: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Phone number: School: \_\_\_\_\_ Home: \_\_\_\_\_

Address of school: \_\_\_\_\_

<u>Name of Student (Please print)</u>	<u>Grade Level</u>	<u>Publicity Release Form</u>
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N

Please indicate any special needs we should consider when arranging tournament seating:

\_\_\_\_\_

Checks should be made payable to **Creek View Elementary** in the amount of **\$40.00 per team** and mailed with this form, postmarked by **March 21, 2012**. Registration is limited to the first 30 teams. A notification regarding acceptance of this registration will be sent to you via email as soon as a decision is made.

Send registration form, publicity release forms and payment to:

Helaine Becker, Registrar  
 The Cheetah Cup  
 Creek View Elementary School  
 3995 Webb Bridge Road  
 Alpharetta, GA 30005

Questions? Contact Helaine Becker via email at [beckerh@fultonschools.org](mailto:beckerh@fultonschools.org) (preferred), or call 770-667-2932, ext. 249.

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# Publicity Consent Form

As a participant in the 3<sup>rd</sup> Annual Cheetah Cup Math Tournament, your child may be photographed, videotaped or interviewed for stories/articles promoting the event. These stories/articles may appear in newspapers or on television news shows.

If you agree to allow your child to be interviewed, videotaped or photographed, please sign and return the attached form. This release applies only to information related to the Cheetah Cup event. The Fulton County Schools Publicity release only applies to pictures taken of your child that might be used in news media – newspapers, magazines, internet, videos and the like.

Failure to provide this permission will not exclude your child from participating in the competition.

Thank you for your cooperation.

**Please sign below and return to your child’s teacher.**

\_\_\_\_\_ Yes, I give permission for my child to be interviewed, photographed and/or videotaped for publicity purposes.

\_\_\_\_\_ No, I do not want my child to be interviewed, photographed and/or videotaped for publicity purposes.

\_\_\_\_\_ **Name of Child**

\_\_\_\_\_ **School**

\_\_\_\_\_ **Signature of Parent/Legal Guardian**

\_\_\_\_\_ **Date**

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