

Muscle Shoals Middle School Mathematics Tournament
November 1, 2025

Name of School _____

School Address _____

_____ **Phone Number** _____

Sponsors:

5th Grade _____ **Email** _____

6th Grade _____ **Email** _____

Acc 7 _____ **Email** _____

Acc 8 _____ **Email** _____

School Enrollment (total number of students in school for each grade)

School Enrollment: 5th _____ **6th** _____ **7th** _____ **8th** _____

Size of High School that your school feeds into (circle one):

1A **2A** **3A** **4A** **5A** **6A** **Private** Tutoring/enrichment centers or other groups
that do not function as students' official school
of record are not eligible

Number of entrants in each level of competition:

5th grade _____ **6th grade** _____

7th grade _____ **8th grade** _____

TOTAL _____ **x \$10 (\$8 early bird before 9/17) =** _____ **(minimum \$40)**

Late Fee (after October 15th) Add \$10.00 per grade level _____

Make checks payable to MUSCLE SHOALS MIDDLE SCHOOL. Please return this form and entry fee by October 15, 2025 to:

Chris Porter
Muscle Shoals Middle School
100 Trojan Drive
Muscle Shoals, Alabama 35661

Phone: (256) 389-2640
Fax: (256) 389-2647
Email: cporter@mscs.k12.al.us