

FSU Math Fun Day
Onsite Registration

1. Contact Information

Name: _____

Email Address: _____

Affiliate School(s) of Participants: _____

2. How many people in your family/group who are attending Math Fun Day are in the following ages or groups? Please account for each person in your group only once.

Note: waiver/permission forms are required for families with children under the age of 18.

Age 4 and Under: _____ Elementary School: _____ Middle School: _____

High School: _____ Number of Adults in your Group (including yourself): _____

3. How did you find out about this event?

Came to previous event

Word of Mouth

School Newsletters

Social media

Web site

Other (please specify) _____

4. A) Would you like to receive a Department of Mathematics Electronic Newsletter (about once per year)?

Yes

No

B) Would you like to receive email notices about future Math Fun Day events?

Yes

No

Thank you for coming to FSU Math Fun Day! We hope you have a great afternoon!