

## Greater Boston Mathematics League Team Summary Sheet

Meet Date: \_\_\_/\_\_\_/\_\_\_

Contest # \_\_\_

Team: \_\_\_\_\_

Division: N S E W

**Students**

	***	Last Name	First Name	Grade	Round 1	Round 2	Round 3	Round 4	Round 5	Total
1										
2										
3										
4										
5										
<b>TOTALS</b>					/	/	/	/	/	

Print an "X" in the boxes of rounds in which each student is not competing.

TYPE OR PRINT IN BLACK INK ONLY

**TEAM ROUND**

**MEET TOTAL**


Please write legibly. First and last names are required.

Information that cannot be read will NOT be included in the official results.

My signature (**signed at the conclusion of the meet**) indicates that the sheet has been completely and correctly filled out.

Coach's Signature \_\_\_\_\_

Coach Printed Name \_\_\_\_\_