

# Official AIHEC Math Bowl Roster Registration Form

This form shall be submitted by **Friday, February 24, 2023**

Submit the form to: *Dr. Eva Rivera Lebrón* at [eriveralebron@mail.sipi.edu](mailto:eriveralebron@mail.sipi.edu)

**Team Coach** (Main Contact Person for Team): \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Team Captain

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

## Member 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

## Member 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

I certify that the Tribal College participants listed on the roster meet all eligibility guidelines of the American Indian Higher Education Consortium (AIHEC) and are eligible to participate in the AIHEC Student Conference.

---

Signature – Math Bowl Point of Contact

Date