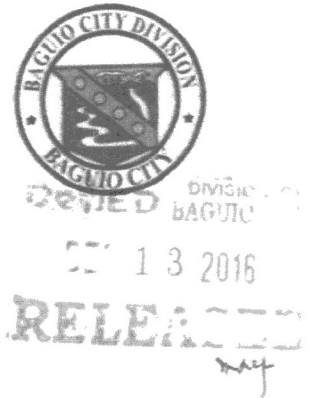


Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
#82 Military Cut-off Road, Baguio City
Tel. No. 442 – 7819 Fax: (074) 442 – 7819



DIVISION MEMORANDUM

No. 417, s. 2016

**METROBANK-MTAP-DEPED MATH Challenge Written Elimination
Round (Division Level)**

To : Public Schools District Supervisors
School Administrators, School Heads, Head Teachers
Teacher-in-Charge, and all Concerned Teachers (Public and Private)

1. This is to announce to the field that the Metrobank-MTAP-DepEd Math Challenge Written Elimination Round will be on February 16, 2017 for Elementary and February 17, 2017 for High School.
2. The venue and time for the competition will be announced later.
3. A registration fee of twenty pesos (P20.00) shall be collected from each pupil/student participant to defray expenses for the materials and other incidental expenses. Deadline for the submission of contestants will be on or before January 9, 2017. Late submission shall not be entertained. c/o Mr. Francisco C. Copsiyan, EPS – Math.
4. Attached is a registration form for the coach to fill up.
5. Wide and immediate dissemination of this memorandum to all concerned is desired.


ATTY. AUGUSTIN P. LABAN III
Attorney III
OIC – Schools Division Superintendent



MMC

METROBANK-MTAP-DEPED MATH CHALLENGE

REGISTRATION FORM

(For both Public and Private Schools)

MMC Form No. 1



DepEd Division: _____ Region: _____
 Name of School: _____ Contact No.: _____
 School Address: _____ School Email: _____
 Contact Person: _____ Position: _____ Contact No.: _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

Grade Level: _____
 Name of Contestants:
 1. _____
 2. _____
 3. _____
 Name of Coach
 1. _____

I hereby certify the above mentioned contestants are bonafide students of our school.

Printed Name and Signature of the Principal

IMPORTANT!

- Contestants must be actually enrolled in the grade level they are competing. In **NO** instance shall mixed grade level participation in team competition be allowed.
- Submit a photocopy of this registration form and the school identification cards of the contestants and the coaches to the DepEd Division Math Supervisor where your school is located.
- Present the original copy to the registration in-charge during the Elimination Round on **February 16, 2017** (Elementary) or **February 17, 2017** (High School). **This serves as your permit. No permit, no entry.**
- Ensure that your DepEd Division Math Supervisor will accomplish the MMC Form No. 2 via the MMC online portal.
- Competition venues will be determined by the DepEd Division Math Supervisors. Please inquire before the Elimination Round.
- This form may be photocopied for distribution as needed.
- You may also download this form at www.mbfoundation.org.ph and FB page



+632 912 5249
+632 709 0447
+632 898 8898



iccoronel_mtaphil@yahoo.com
mark.ravanzo@metrobank.com.ph



/MetrobankMathChallenge

MMC Secretariat (PO Metrobank Foundation, Inc., 4F Metrobank Plaza, San Gil, Pinar Avenue, 1200 Makati, City)