



## OMTA PARTICIPATION TROPHY Teacher Order Form



Date: \_\_\_\_\_

10 pts \$6.00    
  15 pts \$7.00    
  20 pts \$8.00    
  25 pts \$9.00    
  30 pts \$10.00

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ District: \_\_\_\_\_

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

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

	OMTA Activity	Event Date	Teacher
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Mail to: Lorraine Alner, NCTM, 17679 SW Wapato Street, Sherwood, OR 97140  
Include check for trophies made out to OMTA.

*The State Chair will verify a teacher's active membership status via the OMTA directory.*