

# MATH CHALLENGE TOURNAMENT MASTERS 2019



Student Name: **KEY**  
 Grade: **5** Division: **N/A**  
 Test Loc.:  
 Student's school:

Fill in circle completely. Do not make changes in the Mental Math portion.

## MENTAL MATH (15 MINUTES)

- |    |                                    |                                    |                                    |                                    |                                    |    |                                    |                                    |                                    |                                    |                                    |    |                                    |                         |                                    |                                    |                                    |    |                                    |                                    |                                    |                                    |                                    |
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| 4  | <input type="radio"/> A            | <input type="radio"/> B            | <input checked="" type="radio"/> C | <input type="radio"/> D            | <input type="radio"/> E            | 14 | <input checked="" type="radio"/> A | <input type="radio"/> B            | <input type="radio"/> C            | <input type="radio"/> D            | <input type="radio"/> E            | 24 | <input type="radio"/> A            | <input type="radio"/> B | <input type="radio"/> C            | <input type="radio"/> D            | <input checked="" type="radio"/> E | 34 | <input type="radio"/> A            | <input type="radio"/> B            | <input type="radio"/> C            | <input type="radio"/> D            | <input checked="" type="radio"/> E |
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| 10 | <input type="radio"/> A            | <input type="radio"/> B            | <input type="radio"/> C            | <input checked="" type="radio"/> D | <input type="radio"/> E            | 20 | <input type="radio"/> A            | <input type="radio"/> B            | <input type="radio"/> C            | <input checked="" type="radio"/> D | <input type="radio"/> E            | 30 | <input type="radio"/> A            | <input type="radio"/> B | <input type="radio"/> C            | <input checked="" type="radio"/> D | <input type="radio"/> E            | 40 | <input type="radio"/> A            | <input type="radio"/> B            | <input type="radio"/> C            | <input type="radio"/> D            | <input checked="" type="radio"/> E |

---- STOP UNTIL YOUR PROCTOR TELL YOU TO START THE NEXT PAPER ----

Fill in circle completely. To make changes, erase marks completely.

## PROBLEM SOLVING (40 MINUTES)

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