



Regional Tournament

Alternate Student Registration Form
New York State Science Olympiad, Inc.

At the time of registration, coaches must submit the final registration form that identifies the team members. Type or print the information below.

School: _____

Team: A
Team: B
Team: C
(Please Circle Only One)

Coach: _____

Student Names	Grade*
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

I certify:

- These students are active members of our school and all information is correct.
- The coach will have with him/her a medical form and a participant publicity release form for each student on the team.

Principal's Signature