

NEW YORK STATE SCIENCE OLYMPIAD REGISTRATION FORM

To register complete this **original** registration form (with the red original) and send it, with your **CHECK** for \$205.00 payable to the **NEW YORK STATE SCIENCE OLYMPIAD INC.**, to the address at the bottom of this page.

The registration fee is nonrefundable.

Purchase orders cannot be accepted for registration.

School information:

School Name: _____
Address: _____
City: _____ Zip code: _____
County: _____
Telephone: (_____) _____ Fax: (_____) _____

Check one: _____ Division B (Grades 6-9) _____ Division C (Grades 9-12)

Coach Information*

Coach #1 _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (Do not enter school number) (_____) _____
Specific science subjects taught, e.g. Biology: _____
e-mail address: _____

Coach #2 _____
Home Phone: (Do not enter school number) (_____) _____
Specific science subjects taught, e.g. Biology: _____
e-mail address: _____

ONLY ORIGINAL FORMS WILL BE ACCEPTED. A FORM WITH BLANK SPACES WILL BE RETURNED WITHOUT PROCESSING.

* There must be at least two coaches for every team entered

REGISTRATIONS RECEIVED AFTER DECEMBER 31, 2008 WILL BE ACCEPTED ON A SPACE-AVAILABLE BASIS.

Mail registration and check to: New York State Science Olympiad
1 Lakeside Drive
Valhalla, New York 10595-1944