



Exploring the World of Science

New York State Science Olympiad, Inc.
4649 Whetstone Road
Manlius, New York 13104-2516
www.newyorkscioly.org

Alternate Student Registration Form:
(Regional Tournament)

School Name: _____

Team: ___ A ___ B ___ C (Select Only One)

Team Number: _____ Team Coach: _____

This form is used to accurately identify Alternate Team Members. After being signed by a Team's Principal, this form is to be submitted at the time of the Team's check-in on Tournament day.

STUDENT NAMES (Print or Type):

GRADE:

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |
| 6) _____ | _____ |
| 7) _____ | _____ |

Division C Teams are limited to seven (7) 12th grade students.

Division B Teams are limited to five (5) 9th grade students.

I certify that the above students are active members of our school and that all information is correct. I also certify that the Team Coach will have with him/her a completed Medical Form and a Student Publicity Release Form for the students listed above.

Principal Name: _____

Principal Signature: _____

_____ Date