



*Exploring the World of Science*

New York State Science Olympiad, Inc.  
984 Leeds Drive  
North Bellmore, New York 11710-1027  
[www.newyorkscioly.org](http://www.newyorkscioly.org)

**Team Roster Form:**

School Name: \_\_\_\_\_ Total School Enrollment: \_\_\_\_\_

Team Number: \_\_\_\_\_ Team Coach: \_\_\_\_\_

This form is used to accurately identify Team Members that will be participating on the day of the Tournament. 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) _____  | _____ |
| 8) _____  | _____ |
| 9) _____  | _____ |
| 10) _____ | _____ |
| 11) _____ | _____ |
| 12) _____ | _____ |
| 13) _____ | _____ |
| 14) _____ | _____ |
| 15) _____ | _____ |

**Division C Teams are limited to seven (7) 12<sup>th</sup> grade students.  
Division B Teams are limited to five (5) 9<sup>th</sup> 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