



*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 for Alternates:**

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) 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