

MEAL TICKET PURCHASE FORM

I will not be staying at the Holiday Inn Hotel and Conference Center.

Name _____

School _____

School Address _____

School Phone (____) _____

Level _____ B Division (Gr 6-9) _____ C Division (Gr 9-12)

I wish to purchase meals.

Friday dinner\$30.00 _____

Saturday breakfast...\$11.00 _____

Saturday lunch\$18.00 _____

Total..... _____

Mail completed form and check, for the total amount,
Made payable to New York State Science Olympiad, to:

Sorry, purchase orders and credit cards cannot be accepted.

New York State Science Olympiad
Coaches Workshop
1 Lakeside Drive
Valhalla, New York 10595