

## 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 \$215.00 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

**REGISTRATION DEADLINE IS TWO WEEKS BEFORE THE FIRST REGIONAL TOURNAMENT IN YOUR DIVISION. TEAMS THAT SUBMIT REGISTRATIONS AFTER THE DEADLINE 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