2000-2001
SCIENCE OLYMPIAD MEMBERSHIP FORM
DIVISION C

Due January 15 , 2001

This form will be given to the Event Coordinator to facilitate assigning schools to help with events.

School Name: _____

School Address: _____

City: _____ Zip: _____

Please designate one person as the contact for your school:

Teacher/Coach: _____

Mailing Address: (if different than above)

_____

City: _____ Zip: _____

School/Work Phone: _____ Home Phone: _____

E-mail: _____

Each team is required to provide at least one adult to support this competition by running an event, proctoring an event, and/or grading an event. The adult does not have to be the coach of the team. Please indicate below your first, second and third choice events and the name and phone number of the adult helper.

First Choice _____ Name of Adult _____ Phone # _____
Second Choice _____ Name of Adult _____ Phone # _____
Third Choice _____ Name of Adult _____ Phone # _____

I am willing to run an event: yes no

Return this form to:

Bob Goldstein, 31 Walsh Road, Newton, MA 02459

Once received, you will be sent your coaches manual.