

2009-2010 REGION 13 SCIENCE OLYMPIAD REGISTRATION FORM
One Registration Form Per Team

School Name: _____ County: _____

School Address: _____ School Phone: _____

School City, State, Zip: _____

Check One: Division B (Grades 6-9) Division C (Grades 9-12)

Head Coach: _____	Email: _____
Best time to call during the day: _____	Home Phone: _____
Key Area of Expertise: _____ Please indicate:	Biology Chemistry Physics General Other
I would like to:	1 st choice: Supervise _____ Assist _____
	2 nd choice: Supervise _____ Assist _____

Additional Coaches (It is essential that all coaches & e-mails be listed here.)
Please duplicate the next page as necessary.

Asst. Coach: _____	Email: _____
Best time to call during the day: _____	Home Phone: _____

Or e-mail: tbooth@vbisd.org

techscienceguy@yahoo.com

lhowe@sjcisd.org