

2010 Tournament Registration Form



Exploring the World of Science

Macomb Science Olympiad Regional Tournament Macomb Community College South Campus February 27th, 2010

For Office Use Only

Team # _____

Date Received _____

Order _____

Check/PO# _____

School Name _____

Coach's Name _____
District _____

Address _____ City _____

State _____ Zipcode _____

E-Mail _____ Home Phone _____

New Coach? _____ New Team? _____

The person named, as Coach will be the person that Macomb Science Olympiad contacts with any information updates. Newsletters and updates will be sent to you via e-mail (MS Word) and posted on our website at www.macombsso.org

You will need to provide the names of two volunteers by January 22nd, 2010 to rogerqhyde@sbcglobal.net.

Registration Instructions

Mail this form with your **\$125 County Registration Fee** to the address below.

Please Note: Team numbers are assigned on a first-come first-served format. This means that you will be assigned a Team Number upon receipt of your County Registration fee. The County Registration Fee is in addition to Michigan and National Science Olympiad membership fees. Teams that have not paid the County Registration Fee by Final Registration will not be allowed to Self-Schedule.

Mail Payment by 12/31/09 to the address below

Macomb Science Olympiad
Treasurer: Jenifer Birchall
38165 Circolo st.
Harrison TWP, MI 48045

Mail your contact Info immediately to Director Paul Voydanoff
At PJVLG007@comcast.net