Team Name_____ ***Team Number _____***

CT Science Olympiad- Team Membership List- Submit at Tournament Registration Desk in AM.

Coach 1 name	Coach 2 name	Room super name
cell#	cell#	cell #

C: Maximum 7 twelfth graders

(student) *(grade)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Principal's certification: All the students listed above are currently enrolled at this school.
signature _____

Coach's certifications on Tournament Day:
I have with me a completed medical form for each student attending _____

All devices are designed and built by one of the above 15 team members _____