

**NEW JERSEY SCIENCE OLYMPIAD 2010**

**TEAM LIST – STATE FINALS TOURNAMENT**

*(Must be submitted at check-in on day of the tournament in order to participate.)*

SCHOOL _____	DIVISION _____	TEAM # _____
STUDENT'S NAME	GRADE	GENDER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
Alternate _____	_____	_____
Alternate _____	_____	_____
Alternate _____	_____	_____

(List names, grade level and gender of additional alternates, if any, on back of this sheet.)

DIVISION B TEAMS ARE LIMITED TO FIVE (5) NINTH GRADE STUDENTS  
DIVISION C TEAMS ARE LIMITED TO SEVEN (7) TWELFTH GRADE STUDENTS

I certify that all of these above students are active members of our school, the grade levels are appropriately indicated and that ninth grade students are on only one team's roster.

PRINCIPAL'S SIGNATURE \_\_\_\_\_

I certify that all constructed devices for this tournament were built by members of this school's 2010 New Jersey Science Olympiad team.

HEAD COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION:**

SCHOOL NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL TELEPHONE \_\_\_\_\_

**CELL PHONE NUMBERS:**

HEAD COACH: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_

ASSISTANT  
COACH: \_\_\_\_\_