

Science Olympiad Team Roster

School: _____ Team Number: _____

(ex: B02, C23)

Head Coach's Name: _____ Head Coach's Cell Number: _____

| 15 Official Team Members: Student's Name | Grade Level |
|---|-------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |

| Alternates for Trial Events: Student's Name | Grade Level |
|--|-------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

Team Demographic Data (Optional):

Gender: # of Females: _____ # of Males: _____ # of Nonbinary: _____ # of Decline to State: _____
Ethnicity: African American: _____ American Indian: _____ Asian: _____ Filipino: _____ Hispanic: _____
 Pacific Islander: _____ White: _____ Two or More Races: _____ Decline to State: _____

By signing this roster you certify that all of the above students are active members of your school and the 15 Official Team members follow the [Science Olympiad guideline for team size & grade levels](#).

Signature of Head Coach

Date

Signature of Principal

Date