

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