

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