

# Science Olympiad Team Roster

School: \_\_\_\_\_ Team Number: \_\_\_\_\_  
(ex: A02, A23)

Head Coach's Name: \_\_\_\_\_ Head Coach's Cell Number: \_\_\_\_\_

<b>15 Official Team Members:</b> 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.

<b>Alternates for Trial Events:</b> 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.

\_\_\_\_\_  
Signature of Head Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date