Nebraska Science Olympiad Team Roster

Tournament: _____ **Date:** _____

School: _____ **Team Number:** ___ NA_____

Head Coach: _____ **Cell Phone:** _____

15 Competitive Team Members		Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

5 Alternative Team Members		Grade
1.		
2.		
3.		
4.		
5.		

By signing this roster you certify that all of the above students are active members of your school and that this team follows the Science Olympiad guidelines for team size & grade levels.

_____ _____

Signature of Head Coach **Date**

_____ _____

Signature of School Administrator **Date**