



Phone\*\*

## **Team Roster**

Student Name

## **University of Southern Indiana Regional Science Olympiad**

Please complete and return this form into the registration desk on February 7, 2026.

School: \_\_\_\_\_ Coach: \_\_\_\_

Grad<u>e\*</u>\_\_\_\_

Email\*\*

| 1  |              |        |         |         |
|--|--------------|--------|---------|---------|
| 2  |              |        |         |         |
| 3  |              |        |         |         |
| 4  |              |        |         |         |
| 5  |              |        |         |         |
| 6  |              |        |         |         |
| 7  |              |        |         |         |
| 8  |              |        |         |         |
| 9  |              |        |         |         |
| 10   |              |        |         |         |
| 11   |              |        |         |         |
| 12   |              |        |         |         |
| 13   |              |        |         |         |
| 14   |              |        |         |         |
| 15   |              |        |         |         |
| *Division B teams are limited to five (5) ninth-grade students. Division C teams are limited to seven (7) twelfth-grade students.  **This information appreciated, but optional.   |              |        |         |         |
| Alternates:  |              |        |         |         |
|  | Student Name | Grade* | Email** | Phone** |
| 1  |              |        | 2       |         |
| 2  |              |        |         |         |
| 3  |              |        |         |         |
| 4  |              |        |         |         |
| 5  |              |        |         |         |
| If an alternate will connecte instead of a toon member the substitution must be accounted by the substitution of the substitution must be accounted by the substitution of the substitut |              |        |         |         |
| If an alternate will compete instead of a team member, the substitution must be announced at the registration desk.  |              |        |         |         |
| I certify that all of the team and alternate students are active members   |              |        |         |         |
| of our school and grade levels are appropriately indicated.  Coach signature   |              |        |         |         |