

ILLINOIS SCIENCE OLYMPIAD – PARKLAND REGIONAL
JV REGISTRATION FORM 2018-2019

School Name: _____

Coach's Name: _____

JV Team Members and Grade

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | |

Team Representative

The following team representative will remain on site at all times and will follow all school policies during the tournament.

Representative Name: _____

Representative Phone: _____

Coach's Signature: _____

Principal's Signature: _____

Bring to Registration with Release Forms