

Please Print Legibly or type. Please Use Black Ink.

**TEXAS REGIONAL SCIENCE OLYMPIAD
FINAL TEAM REGISTRATION FORM**

This completed and signed form is due at check-in on the day of competition, Mar 1, 2025.

School: _____ TSO Team Number: _____

Primary Coach: _____ Cell Phone#: _____

	Student Last Name	Student First Name	*Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

SUBSTITUTE TEAM MEMBERS (may compete in the event of illness)

16.	_____	_____	_____
17.	_____	_____	_____

*DIVISION B TEAMS ARE LIMITED TO FIVE (5) NINTH GRADE STUDENTS.
DIVISION C TEAMS ARE LIMITED TO SEVEN (7) TWELFTH GRADE STUDENTS.

I certify that all of these above students are active members of our school, that the grade levels are appropriately indicated and that any given ninth grade student is only on one team's roster and that all devices are designed and built by one of the above 15 team members.

Principal's Name (printed) Principal's Signature Date