

Membership Registration Form for 2009-2010
Kentucky Science Olympiad
Deadline: December 4, 2009

Division B___; Division C___; Competition Region_____

Coach/Contact Person _____ Team 1___; 2___; 3___

E-mail Address_____ (NOTE: Each team
requires a different coach)

School_____

School Address (Street)_____

School City_____; Zip_____

School Phone_____; Fax_____

Home or Cell Phone_____

Registration Fee \$150.00 for Team 1; **\$140.00** for each additional team.

***NOTE: Add **\$10.00** for each team **registered** after the Deadline.

Each Registration includes one Division B or Division C "Coaches Manual and Rules" – **sent on receipt of payment.**

PAYMENT: Make checks payable to **Kentucky Science Olympiad**

Purchase Order # _____

PO Billing Address if different than above: _____

Mail to: Lowell Shank
Department of Chemistry
Western Kentucky University
Bowling Green, KY 42101

E-mail: Lowell.shank@wku.edu
Phone: (work) 270-745-4986
(cell) 270-202-0515
FAX: 270-745-6293