

Chicago Regional Middle School Science Bowl TEAM REGISTRATION FORM

School _____ Phone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
Principal _____ E-Mail _____

TEAM MEMBERS Each of these students must have participated on your team in the regional event. These are the only students eligible to compete on your team at the national event):

1. **Name** _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

2. **Name** _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

3. **Name** _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

4. **Name** _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

ALTERNATE TEAM MEMBER will only be allowed to participate in the national event if one of the above team members is unable to attend due to some unforeseen emergency. *Substitutions must be approved by DOE Headquarters.*

5. **Name** _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

COACH:

Name _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

2ND COACH may attend the national event if team consists of both genders and requires both a female and male chaperone:

Name _____ **SSN** _____
Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ DOB _____ Grade _____ T-Shirt Size _____
Citizenship: U.S. _____ Other (Country) _____ E-Mail _____
Ethnicity _____

Regional winners submit a similar form on May 8, 2004 online at <http://www.scied.science.doe.gov/nmsb/default.htm>.