## Team Roster

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

Please complete and return this form into the registration desk on February 8, 2025.

School: \_\_\_\_\_ Coach: \_\_\_\_\_ 
Student Name Grade\* Email\*\* Phone\*\*

	Student Name	Grade*	Email**	Phone**
1				
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<sup>\*</sup>Division B teams are limited to five (5) ninth-