MASSACHUSETTS SCIENCE OLYMPIAD MIDDLE SCHOOL DIVISION 2011-2012 REGISTRATION FORM



DUE October 15, 2011

School Name:	
School Address:	
School Telephone:	FAX:
Coach's Name:	
Coach's Home Pho	one:
Email Address:	
Other coaches, hor	me phone numbers, and email (if applicable):
The registration fe	e is \$80 (\$60 national + \$20 state). Please check form of payment:
☐ Check encl	osed (Please write check to "Massachusetts Science Olympiad.")
□ PO Enclose	ed (Invoice will be sent within one week.)
☐ Payment w	ill be made later. (No later than February 1, 2012.)
	you anticipate bringing one or more teams of alternate students to the state I count and payment of \$80 per 15 students due by 2/1/12.)
□ I an	ticipate bringing alternate team.
□ I do	not anticipate bringing an alternate team.
Coach's Signature	:

Return to: Brian Niece, Assumption College, 500 Salisbury St., Worcester, MA 01609. For further information, email bniece@assumption.edu or call 508-767-7209.