High School Chemistry Contest Registration Form

	School:T	eams	
	Division I (names)	Division II (names)	
1			
2			
3			
4			
5			
6			
7			
8			
	Number of team competitors:*		
(Contact Name:		
I	Phone: Fax:		
I	Email:		
	will bring a cell phone to the contest, pl problems	ease list the number so we can contact you in	
(Cell phone number:		

^{*} If the names of the team members are not filled in, please bring completed form to the contest and turn it in prior to the start of the exam or email it to George Dombi, gdombi@uri.edu.