High School Chemistry Contest Registration Form

School: _____

Teams*

	Division I	Division II
1		
2		
3		
4		
5		
5		
6		
7		
8		

Number of Team competitors:[‡]_____

Number of non-team competitors:[‡]_____

Contact Name: _____

Phone: _____

E-mail: _____

* The names of Team competitors need not be filled in immediately. They may be e-mailed to <u>bruekberg@chm.uri.edu</u> until the Friday before the contest. Alternatively, the names (neatly written, please) may be turned in on this form to Ben before the beginning of the test.

^{*}The (maximum) number of students must be turned in as soon as possible (so that enough tests can be prepared).