

High School Chemistry Contest Registration Form

School: _____

Teams

	Division I (names)	Division II (names)
1		
2		
3		
4		
5		
6		
7		
8		

Number of team competitors:* _____

Number of non-team competitors: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

If you plan to bring a cell phone to the contest, please list the number so we can contact you in case of problems.

Cell phone number: _____

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