

**2010 CHEMISTRY OLYMPIAD  
REGISTRATION FORM**

**REGISTRATION FORM RETURN DATE - Wednesday, February 17, 2010**

**Please type or print**

Name of School \_\_\_\_\_ County \_\_\_\_\_

Address of School \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ (VERY IMPORTANT IF WE NEED TO CONTACT YOU)

Telephone Number of School \_\_\_\_\_ FAX \_\_\_\_\_

Full Title and Name of Physical Science Chairperson \_\_\_\_\_

Full Title and Name of Teacher Completing Form \_\_\_\_\_

Full Title and Name of Principal \_\_\_\_\_

**Please clearly print student's name EXACTLY as you wish it to appear on Certificate of Participation.**

Student #1: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

Student #2: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

Student #3: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

Student #4: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

Student #5: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

Student #6: (Mr., Miss) \_\_\_\_\_ Test Center \_\_\_\_\_  
Address: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_

A check in the amount of **\$25.00** payable to **ACS - New York Section** must accompany this registration form.

**Deadline: Wednesday, February 17, 2010.** Please send to:

Dr. Stephen Z. Goldberg  
Chemistry/Adelphi University  
Box 701  
Garden City, NY 11530