

**2012 CHEMISTRY OLYMPIAD
REGISTRATION FORM**

REGISTRATION FORM RETURN DATE - Wednesday, February 15, 2012

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 15, 2012. Please send to:

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