

Science Olympiad

Twelfth Annual Coaches Clinic

APPLICATION

Morton High School • 6915 Grand Avenue • Hammond, IN

Friday, October 1, 2004 - 5:00 PM to 9:00 PM

Saturday, October 2, 2004 - 7:00 AM to 4:15 PM

Name _____
(Last) (First)

School _____

School Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

School Phone () _____ Home Phone () _____

Fax () _____ e-mail _____

Division: Division B (Middle School) Division C (High School)

Tee-shirt Size: Small Medium Large X-Large XX-Large

I will attend the Friday evening dinner. Yes No

Including this Clinic, how many times have you attended the Science Olympiad Coaches Clinic?

_____ Including the 2004-05 season; how many years have you coached Science Olympiad?

_____ Years How many State tournaments has your team attended? _____

How many National tournaments has your team attended? _____

Participation fee is \$110.00 and must be included with this application. Make checks payable to "School City of Hammond". Registration fee includes Friday's activities: evening dinner and three one-hour workshops. Saturday's activities include: breakfast, lunch, and six one-hour workshop sessions. All participants will receive a commemorative tee-shirt along with many resources suitable for preparing students for Science Olympiad tournament competition including the *2005 Science Olympiad Manual and Rules*. Space will be limited to seven hundred participants. Selection will be on a first-come/first-served basis and participants may attend the workshop sessions of their choice. All applicants will be notified regarding their selection status.

Send application and fee to:

Michael Kobe • 41 Williams Street • Hammond • IN 46320

Phone 219-933-2400 ext. 1042 • Fax 219-933-2505

e-mail: MLKobe@m1• Hammond• k12• IN• US