

GIFTED OLYMPIAD REGISTRATION

Please download this form using **one form for each level you are registering.** Print or write legibly, be sure to check spelling of all names. Mail the completed form(s) with the appropriate fee to: Gifted Olympiad, P.O. Box 409, 303 W. Exchange St., Jerseyville, IL 62052. Please make your check payable to: Regional Office of Education. If you have any questions contact Marilyn Rogers at 618-498-5541. Registration deadline is January 17, 2010.

Mark "X" for only ONE: District _____

3rd & 4th grade Olympiad _____
5th & 6th grade Olympiad _____ School Building _____
7th & 8th grade Olympiad _____
High School Olympiad _____

Sponsor _____ e-mail address _____

Sponsor Home Phone: _____

Team 1 (List each name)

Team 2 (List each name)

Team 3 (List each name)

Team 4 (List each name)

Team 5 (List each name)

Team 6 (List each name)

Registration fee is \$100 per team

Number of teams _____

Total fee _____

Deadline date for registration is: Jan.17,2010
There is a \$25.00 late fee for each registration.

Note: Please read the "...Guidelines" page
for special requirements for High School
Teams.