

**OLON HIGH SCHOOL SCIENCE OLYMPIAD
17TH ANNUAL INVITATIONAL TOURNAMENT
Saturday, February 5th, 2011
Coaches Meeting 8:00 AM
First Events 8:30 AM
\$75.00 per team**



Solon High School will, once again, host a Division C Science Olympiad Invitational Tournament. **Please register for one team only**, but indicate if you want to bring a second team. We want to involve as many different schools as possible. If space is available for a second team from your school, you will be notified by phone. **Registration deadline is December 10th, 2010**, and will be done on a "first-come, first-serve" basis.

Registration fees will pay for awards. Trophies for the top 3 teams, medals for the top 3 places in individual events, and ribbons for 4th-6th places in each individual event will be awarded.

Due to the difficulty in scheduling this tournament, **it is imperative for each participating school to provide all materials for and run a minimum of one event**. Please indicate your first 3 event preferences on the registration form. Scheduling will be done on a "first-come, first-serve" basis.

Doughnuts, juice, coffee, hot chocolate, pop, lunch, and snacks will be for sale at the school.

For information concerning this invitational, contact:

Coach Donna Ross, (440) 349-7757, ext. 5388, **new email: donnaross@solonboe.org**
(440) 349-6230 (main office)
(440) 349-8041 (fax number)

Registration checks are to be payable to:

Solon High School Science Olympiad

Send checks and registration forms to:

**Solon High School
Attn: Donna Ross
33600 Inwood Drive
Solon, OH 44139**

NOTE: REGISTRATION FEES MUST BE PAID ON OR BEFORE THE DAY OF THE TOURNAMENT IN ORDER TO COMPETE

Exact times and listings will be sent to you as soon as possible after December 10th, 2010.



**HEY COACHES,
CHECK OUT OUR NEW
WEBSITE:
www.solonscienceolympiad.org**

Thank you, and we hope to see you here!

17th SOLON INVITATIONAL TOURNAMENT REGISTRATION FORM

School Name _____

Mailing Address _____

Head Coach Name _____

Email Address _____

Daytime Phone No. _____ Evening Phone No. _____

High School Fax No. _____ Cell Phone No. _____

of teams you would LIKE to bring _____

Prepay for 1 team only, 2nd team upon availability of space.

Cost: \$75.00 per team Check No. _____

Please indicate your first three choices of events that you would be willing to run:

1st choice: _____

2nd choice: _____

3rd choice: _____

Please indicate any special materials that you will need to have available on site the day of the tournament:

Please remember that YOU ARE RESPONSIBLE FOR BRINGING YOUR OWN TESTS AND MATERIALS FOR THE EVENT(S) THAT YOU ARE RUNNING

What to send in by December 10th, 2010:

1. Payment to Solon High School Science Olympiad
2. This registration/invoice form

Send to: Solon High School, Attn: Donna Ross, 33600 Inwood Dr., Solon, OH 44139

CHECK OUT OUR NEW WEBSITE: www.solonscienceolympiad.org