**Santa Clara County Science Olympiad**

Official Use Only

Team Place Only

**Barbara Little, Director** 

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| **SCIENCE OLYMPIAD – DIVISION C (HIGH SCHOOL)**  **TEAM IDENTIFICATION FORM** | | |
| **Present this completed form to the Event Supervisor at competition time.** | | |
| **EVENT: TEAM NAME:** | | **TEAM #:** |
| **TEAM MEMBERS NAMES:** | **GRADE:** | |
| **1.** |  | |
| **2.** |  | |
| **3.** |  | |

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