

**CARE - SPELMAN COLLEGE COMPUTER SCIENCE OLYMPIAD
REGISTRATION FORM**

***Please type or print form information legibly.**

School Name: _____

School Address: _____

Faculty/Staff Coach: _____

Coach email address: _____

Coach Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Team Name: _____

*All teams from co-ed schools must have at least one female member.

Member Name: _____ Email Address: _____ Shirt Size: _____

M/L/XL/2XL

(Team Captain)

#1: _____

#2: _____

#3: _____

#4: _____

(Please circle one. Make check or money order payable to **Spelman College**)

Payment Options: Official School Check Money Order

Registration form and team fee of **\$150.00** must be postmarked by **March 1, 2010**.
Late registration form and team fee of \$200.00 must be received by March 15, 2010.

Mail completed registration form and team fee to:

Spelman College CIS Department
CARE Olympiad
350 Spelman Lane SW, Box 1257
Atlanta, GA 30314

For more information, please visit our website at: www.spelman.edu/~sccso

Or email: ikearse@spelman.edu

OR contact: Iretta Kearse (404) 270 - 5878