



Instructions for Completing Team Registration Form

- **Step 1:** Please download the most up to date version of Adobe Reader here:
<http://get.adobe.com/reader/>
- **Step 2:** For Mac users, please **SAVE** (drag & drop) this file to your desktop before opening it. (When unsaved and opened in “Preview,” data can not be retrieved.)
- **Step 3:** Complete form, then save, and **EMAIL** it to your Regional Coordinator. **DO NOT FAX OR SNAIL MAIL THIS FORM.**

If you have any problems completing the form,
please contact Melissa Brodeur either by email at
mbrodeur@oceanleadership.org or phone at 202-448-1230.



Team Registration Form

Regional Competition Name: _____

Team A, B, C: _____

Coach:

First Name: _____ Last Name: _____
Name for Name Badge: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ †Cell Phone: _____
*Email Address: _____
Gender: _____ T-shirt size: _____

Assistant Coach (if applicable):

First Name: _____ Last Name: _____
Name for Name Badge: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ †Cell Phone: _____
*Email Address: _____
Gender: _____ T-shirt size: _____

Team Members (4 + 1 alternate):

1. Captain's First Name:_____ Last Name:_____
Name for Name Badge:_____
Parent/Guardian First Name: _____ Last Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Grade:_____ Gender:_____ T-shirt size:_____
§Student Cell Phone:_____ ‡Parent Cell Phone_____
Date of Birth (mm/dd/yyyy):_____
*Student Email:_____ *Parent Email:_____

2. First Name:_____ Last Name:_____
Name for Name Badge:_____
Parent/Guardian First Name: _____ Last Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Grade:_____ Gender:_____ T-shirt size:_____
§Student Cell Phone:_____ ‡Parent Cell Phone_____
Date of Birth (mm/dd/yyyy):_____
*Student Email:_____ *Parent Email:_____

3. First Name:_____ Last Name:_____
Name for Name Badge:_____
Parent/Guardian First Name: _____ Last Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Grade:_____ Gender:_____ T-shirt size:_____
§Student Cell Phone:_____ ‡Parent Cell Phone_____
Date of Birth (mm/dd/yyyy):_____
*Student Email:_____ *Parent Email:_____

4. First Name:_____ Last Name:_____
Name for Name Badge:_____
Parent/Guardian First Name: _____ Last Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Grade:_____ Gender:_____ T-shirt size:_____
§Student Cell Phone:_____ ‡Parent Cell Phone_____
Date of Birth (mm/dd/yyyy):_____
*Student Email:_____ *Parent Email:_____

Alternate:

First Name:_____ Last Name:_____
Name for Name Badge:_____
Parent/Guardian First Name: _____ Last Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Grade:_____ Gender:_____ T-shirt size:_____
§Student Cell Phone:_____ ‡Parent Cell Phone_____
Date of Birth (mm/dd/yyyy):_____
*Student Email:_____ *Parent E-mail:_____

School Information:

School Name:_____
Phone:_____
Address:_____
City:_____ State_____ Zip Code:_____

*Email addresses will ONLY be used for NOSB purposes including survey response collection, NOSB's alumni longitudinal study (seniors only), and updates about the NOSB Finals event (only teams that advance). Providing an accurate email address will greatly improve communication with NOSB's National Office and will help to answer many of your questions.

§If available, please submit a student cell phone number (to be used only if travel/logistical questions or issues should arise)

‡A parent cell phone number is **REQUIRED** for each student (to be used only if travel/logistical questions or issues should arise)

†Coach cell phone number is **REQUIRED** (to be used only if travel/logistical questions or issues should arise)