

APPLICATION FOR NATIONAL TOURNAMENT



Exploring the World of Science

Our university in collaboration with our business and government alliances would like to showcase our campus, our state's hospitality and our commitment to excellence in science and technology education, obtain national visibility and have an excellent opportunity to recruit thousands of our nation's best and brightest science and math students. If you would like to nominate your state to be considered for hosting a future **Science Olympiad National Tournament**, please complete this form:

Year (include tentative month/day, normally 3rd Saturday in May) - 1st choice _____ 2nd choice _____

Suggested Tournament Coordinator _____ E-Mail _____

Tournament Site _____ Phone Number _____ Fax # _____

Address _____ CITY/ST/ZIP _____

Cell Phone Number _____

SITE QUALIFICATIONS: Have hosted a tournament for approximately 30 or more teams per division on a large campus with about 60 event rooms including labs, outdoor areas, field house and a large auditorium or theater to accommodate 3-4,500 people for the Opening Ceremony and for one or two Awards Ceremonies. Please identify when and where you have (or plan) to host a Regional or State Tournament:

Easy access to a large airport: Name and Distance _____

Housing Facilities (dorms or easy access to hotel/motel) for approximately 4-5,000 participants and officials. Please describe: _____

Large facility for:

Opening Ceremony: Type _____ Capacity _____

Awards Ceremonies: Type _____ Capacity _____

List support groups that will be able to assist with hospitality, finance, program printing, registration, secretarial support, mailing, pre-tournament information package preparation, campus & housing information, etc. _____

Potential Local Corporate Sponsors: _____

It is understood that the host institution, realizing the recruiting opportunities to showcase their campus and science programs, will not charge for facilities or will obtain local alliance funding to cover facilities cost. For tournament expenses not covered by in-kind services, grants or local contributions, some fund raising by the University and the local organization may be necessary (contact Science Olympiad for list of items).

Title: _____ Phone: _____ Date: _____
Signed (Local Coordinator - Print Name: _____)

Title: _____ Phone: _____ Date: _____
Signed (University President or representative - Print Name: _____)

Title: _____ Phone: _____ Date: _____
Signed (State Coordinator. - Print Name: _____) - optional but desirable

Send to: Science Olympiad, Two Trans Am Plaza Drive, Suite 415, Oakbrook Terrace, IL 60181
Or Fax to: (630) 792-1287