

Florida Odyssey of the Mind
2009-2010 REGIONAL TOURNAMENT

ROSTER

Coaches, make a copy of this form: (Keep a copy for your records because this form will not be returned.) Send the original to your school's coordinator.

Please print neatly in dark ink or type.

Membership #: _____ Region: Gulf Coast

Membership Name: _____ County: _____

Problem Name: _____ Division: _____

Name of Coach: _____ Home Phone: _____

Name of Coach: _____ Home Phone: _____

TEAM MEMBER*	GRADE*	SCHOOL ATTENDING*
1)		
2)		
3)		
4)		
5)		
6)		
7)		

*The Grade and School must be provided for each team member in order to compete. Please make sure the information is complete before sending.

Information for the Membership Coordinator:

This form is for your information; it is NOT to be sent to the regional director. Use the information gathered to complete the ONLINE registration of this team at www.floridaodysseyofthemind.org NO LATER THAN DECEMBER 15. Please note: once you've paid the registration for a team, the roster **canNOT** be changed.