

Florida Odyssey of the Mind, Inc.

Complete ONE per team.

2009 - 2010 TEAM REGISTRATION

Please print neatly in dark ink or type.

Region: GULF COAST

Membership Name: _____

(See school contact person for official name and number.)

Membership #: _____ County: _____

Problem Name: _____ Division: _____

1) Coach's Name: _____

Phone: day: () _____ evening: () _____

e-mail: _____

2) Coach's Name: _____

Phone: day: () _____ evening: () _____

e-mail: _____

School contact (if different from above): _____

If members of this team are on multiple teams, please print information on the back of this form and identify the additional team(s) by name and division. Team members requiring special consideration for spontaneous competition (non-English speaking, speech, hearing, vision, physical impairment, color blindness, etc.) must also be listed.

Information for the 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: FLORIDA Odyssey of the Mind IS UNABLE TO ACCEPT PURCHASE ORDERS. We do accept credit cards (Visa, Discover, MasterCard, Discover, American Express, & PayPal). Use our secure online registration to pay using this method at www.floridaodysseyofthemind.org and click on "Team Registration." You will be charged a convenience fee for online payments. Team Registrations may be paid by check by following the directions on the website. DO NOT SEND REGISTRATION MONEY TO THE REGIONAL DIRECTOR.

ALL TEAMS MUST BE REGISTERED ONLINE BY DECEMBER 15.