

Gulf Coast Odyssey of the Mind Regional Membership Registration

Membership Coordinator: Please use ONE FORM PER DIVISION. Primary is division one. This form is due by **Thursday, December 15, 2011**, to Freda Abercrombie at T.E. Weightman Middle School (fax: 813-794-0291) **OR** 4846 Darlington Road, Holiday, FL, 34690.

Membership Name: _____

Membership Number: _____ Division: 1 2 3

Problem	Coach(s)	Judge	Worker
Example:	Mary Box, Tina Guide	Jack Creativity	Cindy Thinker
1) Ooh-Motional Vehicle			
2) Weird Science			
3) To Be or Not to Be			
4) You Make the Call			
5) Odyssey Angels			
Primary A: Hide & Peek			
Primary B: Hide & Peek			
Primary C: Hide & Peek			

ANY SPECIAL INFORMATION THE REGIONAL DIRECTOR SHOULD KNOW?

I have registered the teams listed above on the state website at www.floridaodysseyofthemind.org. I have verified that **ALL NAMES** listed above are **APPROVED** volunteers according to the rules of my organization.

Coordinator's signature: _____