



# TEAM REGISTRATION FORM

## ODYSSEY OF THE MIND® 2009 WORLD FINALS

May 27-May 30, 2009 at Iowa State University - Ames

**To expedite processing, please complete this form online! OR fax OR mail it immediately!**

**IMPORTANT:** To guarantee a performance time at the Odyssey of the Mind 2009 World Finals, **your team must register before April 15, 2009.** You may register online through our website at [www.odysseyofthemind.com](http://www.odysseyofthemind.com).

Membership name: _____	Mem. #: _____		
Location (to be listed in Program) _____			
<i>Mailing Address for Registration Confirmation:</i>			
Primary Coach/Contact: _____	Age (If under 21): _____		
Street: _____			
City: _____	State/Prov.: _____	Zip: _____	Country: _____
Day phone: (_____) _____	Cell Phone: (_____) _____		
E-mail address: _____	Fax: (_____) _____		
<b>PROBLEM NAME:</b> _____	<b>DIVISION:</b> (please circle) I      II      III		
ARRIVAL AT REGISTRATION: Day _____	Estimated Time _____	a.m. _____	p.m. _____

If competing in Shock Waves, please indicate actual (not anticipated) weight held: \_\_\_\_\_ lbs.

**Please Read Carefully:** Fees for facility rental, recreational activities, parties, security, shuttle services and other special programs are included in all the room and board packages offered by Iowa State University-Ames. To offset a portion of these costs, teams that **do not** purchase packages for all team members and, at minimum, one coach must pay a facilities fee. The amount of this facilities fee is \$2500 if the team's registration form is received and/or postmarked by April 15; \$2750 if received and/or postmarked after that date. The payment of this fee must be made by check, purchase order or credit card to CCI no later than May 1, 2009, to include the team in the final schedule. You may mail, fax, or register and pay on-line as noted elsewhere on this form. Please check your registration at [www.odysseyofthemind.com/wf2009/teams.php](http://www.odysseyofthemind.com/wf2009/teams.php) instead of contacting our office.

**Please Check One:** (This is not binding. Please do not delay! Changes can be made until May 1, 2009)

**Our team will purchase Odyssey-provided housing.** We expect to have \_\_\_\_\_ people in housing.

(Please complete the Lodging and Meals Reservation Form)

(Note: This will not guarantee rooms. You must complete the Lodging and Meals Reservation Form before April 15, 2009 and send payment by May 1, 2009 to guarantee rooms.)

**Our team does not plan to stay in Odyssey-provided housing** and will pay the facilities fee of:

\$2500 (Registration must be received and/or postmarked by April 15, 2009)

\$2750 (Late Registration – after April 15, 2009)

*(Individual meals can also be purchased on campus at select locations.)*

Payments can be made by check or purchase order (provide original) made out to CCI or by Credit Card.			
Payment type: Visa _____	MasterCard _____	American Express _____	Discover _____
Credit Card #: _____	Expiration Date: _____		
Cvv Code: _____	Name as printed on card: _____	Signature: _____	

**The Team Member Information must be completed on the reverse side of this form.**

**Check your registration at [www.odysseyofthemind.com/wf2009/teams.php](http://www.odysseyofthemind.com/wf2009/teams.php)**

Team Membership # \_\_\_\_\_ Prob/Div \_\_\_\_\_

**List names of all additional coaches:** Each team will receive **two complimentary tickets** to the Coaches Recovery Party. Additional tickets can be purchased at Souvenir Sales during World Finals. Provide ages for coaches under 21.

1. \_\_\_\_\_
2. \_\_\_\_\_

**List all team members with their home addresses. Please type or print clearly.**

- |   |  |
|---|--|
| <ol style="list-style-type: none"><li>1. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li><li>2. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li><li>3. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li><li>4. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li></ol> | <ol style="list-style-type: none"><li>5. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li><li>6. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li><li>7. _____<br/>_____<br/>_____<br/>_____ Age: ____ Gender: _____</li></ol> |
|---|--|

**All valid special scheduling considerations noted below will be accommodated or the team will be contacted.**

**A. SCHEDULING CONCERNS – Please check those that apply and explain:**

Team member is on more than one competing team:

Other Team membership # \_\_\_\_\_ Problem/Division(s) \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

Coach of more than one competing team:

Other Team membership # \_\_\_\_\_ Problem/Division(s) \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

Coach or team member will arrive Thursday or later

Arrival Day and Time: \_\_\_\_\_

Coach or team member will leave before 5 PM Saturday

Departure Day and Time: \_\_\_\_\_

**B. LANGUAGE CONCERNS – Native language is not English and all team members are not fluent in English:**

Please list language: \_\_\_\_\_

**C. DISABILITY CONCERNS – Team member or Coach has special needs.**

Please list: \_\_\_\_\_