

TEAM REGISTRATION FORM ODYSSEY OF THE MIND® 2019 WORLD FINALS

May 22 - May 25, 2019 at Michigan State University

To expedite processing and be eligible for the online discount, please complete this form online! OR fax OR mail it immediately!

IMPORTANT: To guarantee a performance time at the Odyssey of the Mind 2019 World Finals, **your team must register before April 15, 2019.** You may register online through our website at www.odysseyofthemind.com.

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|--|---|---|
| Membership name: | ! | Mem. #: |
| Location (to be listed in Program) | | |
| Mailing Address for Registration Confirmation: | | |
| Primary Coach/Contact: | Age (If u | nder 21): |
| Street: | | |
| City: State/Prov. | | Country: |
| Day phone: () | Cell Phone: () _ | |
| Email address: | Fax: (| |
| PROBLEM NAME: | DIVISION: | (please circle) I II III |
| ARRIVAL AT REGISTRATION: Day | | |
| If competing in "Structure Toss," please indicate actual (no | t anticipated) weight held: | lbs. |
| April 15; \$3000 if received and/or postmarked after that da order or credit card to CCI no later than April 26, 2019, to register and pay online as noted elsewhere www.odysseyofthemind.com/wf2019 instead of contacting Please Check One: (This is not binding. Please do not de- | o include the team in the fir on this form. Plea- our office. | nal schedule. You may mail, fax, or se check your registration at |
| □ Our team will purchase Odyssey-provided housing. | | , |
| (Please complete the Lodging and Meals Reservation Fo | | 0 |
| (Note: This will not guarantee rooms. You must comp 2019 and send payment by April 26, 2019 to guarantee | | s Reservation Form before April 15, |
| □ Our team does not plan to stay in Odyssey-provided | housing and will pay the fa | acilities fee of: |
| □ \$2500 (Registration must be received and/or postma | arked by April 15, 2019 to qu | ualify) |
| □ \$3000 (Late Registration – after April 15, 2019) | | |
| (Individual meals can also be p | urchased on campus at sel | ect locations.) |
| Payments can be made by check or purchase order (pro | vide original) made out to C | CI or by Credit Card. |
| Payment type: Visa MasterCard | American Express _ | Discover |
| Credit Card #: | Expi | ration Date: |
| CVV Code: Name as printed on card: | Signature | ə: |

The Team Member Information must be completed on the reverse side of this form. Check your registration at www.odysseyofthemind.com/wf2019

| Tea | am Membership # | Prob/Div | |
|-----|--|---|---------------------|
| | | rill receive two complimentary tickets to the Coaches Fales during World Finals. Provide ages for coaches under 2 | |
| 1. | | | |
| 2. | | | |
| Lis | st all team members with their home addresses. P | ease type or print clearly. | |
| 1. | | 5 | |
| | | | |
| | Age: Gender: | Age: Gender: | |
| 2. | | 6 | |
| | | | |
| | Age: Gender: | Age: Gender: | |
| 3. | | 7 | |
| | | | |
| | Age: Gender: | Age: Gender: | |
| 4. | | If not staying Wed through Sun, remember con begins 10 AM Thurs and concludes 3 PM Sat. At hours is needed to get from long-term to spor competition sites or vice versa. All valid | least 1½ ntaneou |
| | Age: Gender: | scheduling considerations noted below accommodated or the team will be contacted. | will b |
| Α. | SCHEDULING CONCERNS – Please check those | that apply and explain: | |
| | [] Team member is on more than one competing | eam: | |
| | Other Team membership # | Problem/Division(s)// | |
| | Other Team membership # | Problem/Division(s)//ater | |
| | Arrival Day and Time: | | |
| | [] Coach or team member will leave before 5 PM | Saturday | |
| | Departure Day and Time. | | |
| В. | | t English and all team members are not fluent in Engli | sh: |
| | <u> </u> | | |
| C. | DISABILITY CONCERNS – Team member or Coa | ch has special needs. | |
| | Please list: | | |