



# INTERNATIONAL TEAM REGISTRATION FORM ODYSSEY OF THE MIND® 2006 WORLD FINALS

May 24 – May 27, 2006 at Iowa State University - Ames, IA, USA

**IMPORTANT:** To guarantee a performance time at the Odyssey of the Mind 2006 World Finals, **your team must register within 2 weeks of your competition.** You may register online through our website at [www.odysseyofthemind.com](http://www.odysseyofthemind.com)

Membership Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

**PROBLEM NAME:** \_\_\_\_\_ **DIVISION:** (please circle) I II III IV

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Fax Number: 011 \_\_\_\_\_ E-mail address: \_\_\_\_\_

Names of team coaches who will be attending: \_\_\_\_\_

Name of person in charge of delegation: \_\_\_\_\_

Day, time and flight information for your arrival in Ames: \_\_\_\_\_

Day, time and flight information for your departure from Ames: \_\_\_\_\_

Arrival on Campus: Day: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Native Language of team: \_\_\_\_\_

Will your presentation be in English or without using language: \_\_\_\_ Yes \_\_\_\_ No. If No, to ensure that all judges understand the presentation, send a copy of the script in English to CCI by fax (856.456.7008) or e-mail ([steph@odysseyofthemind.com](mailto:steph@odysseyofthemind.com)) before May 5.

**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 within two weeks of the team's competition; \$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 Creative Competitions, Inc. **no later than April 24, 2006**, to include the team in the final schedule. You may mail or fax as noted elsewhere on this form.

### Please Check One:

- 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 within 2 weeks of the team's competition and send payment by April 24, 2006 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 within 2 weeks of the team's competition to qualify)
  - \$2750 (Late Registration - more than 2 weeks after team's competition)

*Note: A Lodging and Meals Reservation Form must be completed for teams requesting Meals Only Packages.*

**Payments can be made by check or purchase order made out to Creative Competitions, Inc. (CCI) or by Credit Card.**

PaymentType: Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AmExp \_\_ Check \_\_\_\_ P.O. \_\_\_\_ (enclose original)

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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/wf2006/teams.php](http://www.odysseyofthemind.com/wf2006/teams.php)**

Membership # \_\_\_\_\_

Prob/Div \_\_\_\_\_

**List all team members and their home addresses.**

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

**Note if a team member is disabled**, the nature of the disability and how it may affect the team's performance. Also, **note any special scheduling considerations** (e.g. , health issues, same student on two teams, one interpreter for two teams). State **"NONE"** if this does not apply

---

---

---

**RETURN FORM IMMEDIATELY TO:  
Creative Competitions, Inc., 1325 Route 130 S, Suite F, Gloucester City, NJ 08030 or  
Fax: (856) 456-7008**

**REGISTRATION CLOSSES April 24, 2006. Individual Confirmations will be sent for each team.**