



**TEAM REGISTRATION FORM**  
**ODYSSEY OF THE MIND® 2006 WORLD FINALS**  
**May 24-May 27, 2006 at Iowa State University - Ames**

**Complete this form online and SAVE!! OR fax OR mail it immediately.**

**IMPORTANT:** To guarantee a performance time at the Odyssey of the Mind 2006 World Finals, **your team must register within 2 weeks of your state competition.** 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: (____) _____	Evening 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 Geometry Structure, 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 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 CCI no later than April 24, 2006, 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 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)

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: _____
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)**

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

**List names of all additional coaches:** Each team will receive **two complimentary tickets** to the Coaches Recovery Party. Additional tickets will be available for sale on a limited basis during World Finals. Provide ages for coaches under 21.

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

**A. SCHEDULING CONCERNS – Please pick one 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 after competition starts at 10 AM on Thursday

Arrival Time: \_\_\_\_\_

Coach or team member will leave before 5 PM Saturday

Departure 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: \_\_\_\_\_

**RETURN FORM IMMEDIATELY TO: Creative Competitions, Inc., 1325 Route 130 S, Suite F, Gloucester City, NJ 08030 or Fax: (856) 456-7008. REGISTRATION CLOSES APRIL 24, 2006. Individual Confirmations will be sent for each team.**