



TEAM REGISTRATION FORM
ODYSSEY OF THE MIND® 2010 WORLD FINALS
May 26-May 29, 2010 at Michigan State University

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 2010 World Finals, your team must register within 2 weeks of your state competition. You may register online through our website at www.odysseyofthemind.com.

CANCELLATIONS AFTER APRIL 30, 2010 WILL BE SUBJECT TO 50% PENALTY. ABSOLUTELY NO CANCELLATIONS AFTER MAY 14, 2010!

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

If competing in Column 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 Michigan State University. 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 30, 2010, 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/wf2010/teams.php instead of contacting our office.

Please Check One: (This is not binding. Please do not delay! Changes can be made until April 30, 2010.)

[] 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 30, 2010 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)

(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/wf2010/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.

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. _____

Age: ____ Gender: _____ 2. _____

Age: ____ Gender: _____ 3. _____

Age: ____ Gender: _____ 4. _____

Age: ____ Gender: _____ | <ul style="list-style-type: none"> 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.

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: _____