# **TEAM REGISTRATION FORM**

- ★ This information is required for the state online registration: www.floridaodysseyofthemind.org.
- ★ THIS FORM STAYS WITH THE COORDINATOR.
- ★ <u>Register teams by December 15. PLEASE NOTE</u>: Team info can be edited UNTIL the payment button is clicked. After that you will NOT be able to change coach or team member information.

#### PLEASE PROVIDE COACH'S ACTUAL INFORMATION, NOT SCHOOL OR COORDINATOR ADDRESS OR PHONE NUMBER.

Problem Name:	*	Division:*
<u>COACH 1</u> :		
FIRST NAME:	* LAST NAME:	*
HOME ADDRESS:		*
CITY:* ZIP:	* Cell Phone: (_	)*
EMAIL:	* (It's okay to use school e	email.)
* <u>required fields</u> (one phone nu requested, but is not required)		preferred; fax number may be
<u>COACH 2</u> :		
FIRST NAME:	LAST NAME:	
HOME ADDRESS:		
CITY: ZIP:	CELL PHONE: (	)
EMAIL:	(It's okay to use school er	mail.)
ROSTER INFORMATION: (Maxim	um 7 members for any team, in	cluding primary teams)

FULL NAME*	GRADE*	SCHOOL*

\*Grade of each team member is required. School can be abbreviated. Each school represented must have a national membership for 2016-17 (Exception: one member can attend a school without a national membership.)

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## Team Member Scheduling Conflicts: Free Text (500) - IF NONE, TYPE NONE

- $\Rightarrow$  A member on more than one team
- $\Rightarrow$  A member related to a member on a team from <u>another school</u>
- $\Rightarrow$  A member related to a coach of a team from <u>another school</u>
- $\Rightarrow$  A member who is color blind or physically handicapped in some way

#### Coach Scheduling Conflicts: Free Text (500) - IF NONE, TYPE NONE.

- ✓ Coaching more than one team
- ✓ Coach is related to a team member from another school

## Additional Requirements: Free Text (500) - IF NONE, TYPE NONE

- ★ School-wide event on day of tournament, please schedule early or late.
- ★ Several team members have soccer tournament, please schedule early or late.

# ALL TEAMS FROM THE <u>SAME</u> SCHOOL WILL HAVE <u>DIFFERENT</u> LONG TERM PERFORMANCE TIMES. YOU DON'T NEED TO REQUEST THAT. SIBLINGS WATCHING SIBLINGS IS A MAYBE.

## SCHEDULING CONFLICTS WILL BE HONORED IF POSSIBLE - NO GUARANTEES.

#### COORDINATOR'S CHECKLIST:

- $\Box\,$  I gave the coach the important dates page.
- $\Box$  I gave the coach the regional t-shirt order form.
- □ I gave the coach Pasco School's "Parent Permission and Acknowledgement" form
- $\Box$  I gave the coach the training dates flyer(s).
- □ I made sure the coach has a copy of the current Odyssey Program Guide.
- □ I verified these coaches as approved volunteers on (date): \_\_\_\_\_
- □ I registered and paid for this team on (date): \_\_\_\_\_

**PLEASE NOTE**: FLORIDA Odyssey of the Mind IS <u>UNABLE TO ACCEPT PURCHASE ORDERS</u>. We do accept credit cards (Visa, Discover, MasterCard, Discover, American Express, & PayPal). Use our secure online registration to pay using this method at <u>www.floridaodyssey</u> <u>ofthemind.org</u> and click on "Team Registration." You will be charged a convenience fee for online payments. Team Registrations may be paid by check by following the directions on the website. <u>DO NOT SEND REGISTRATION MONEY TO THE REGIONAL DIRECTOR</u>.

ALL TEAMS MUST BE REGISTERED ONLINE & PAID BY DECEMBER 15. The website will be LOCKED on JANUARY 13. After that any team not FULLY AND COMPLETELY REGISTERED WILL HAVE TO PAY A LATE FEE.