

FLORIDA ODYSSEY OF THE MIND ASSOCIATION 2020 STATE TOURNAMENT

Region: _____ Membership Number: _____

WORKER REGISTRATION WORKSHEET

I, (*print name*) _____ represent a team from
(*school*) _____

competing in (*problem name*) _____, (*division*) _____
I may be reached at:

HOME Address: _____

City: _____ Zip: _____

Telephone: (*Include area code*)

Day () _____ Evening () _____

Fax () _____ E-mail _____

I would prefer to work in the following position: (***number in order of preference***)

- | | | |
|------------------|---|-----------------------|
| () Door Monitor | () OMERfest Assistant (outdoor assignment) | |
| () Registration | () Zone Monitor | () Information Table |
| () Sales Table | () Friday Registration. | () Friday Sales |

My past Odyssey of the Mind experiences include: _____

I have a child on another team. Problem: _____ Div. _____

I volunteered as a worker at the regional tournament. YES NO (circle one)

If YES, what was your assignment? _____

I am a former Odyssey of the Mind team member: _____ Yes _____ No

I understand that I am responsible for filling the position I am assigned, even if my team drops from the competition less than two weeks before the tournament date. If I fail to fill this position, my team may be assessed a 25 point *Spirit of the Problem* penalty. I understand that if for any reason I am unable to fulfill my obligation, it is my responsibility to find a replacement to fill the position.

Signed: _____

**THIS FORM IS TO BE USED AS A WORKSHEET FOR ONLINE WORKER
REGISTRATION**