



Florida Odyssey of the Mind Association, Inc. 2011 – 2012 REGIONAL TOURNAMENT

WORKER FORM

Please type or print legibly using dark ink.

Region: BUCCANEEER BAY

I, (*print name*) _____ represent a team from
(*school*) _____ Membership# _____
competing in (*problem name*) _____, (*division*) _____.

I may be reached at:

Home Address: _____

City: _____ Zip: _____

Personal Telephone: (*Include area code*)

(*day*) (_____) _____ (*eve*) _____ (_____) _____

(*cell*)(_____) _____ (only used for emergency)

(*e-mail*) _____

NOTE: We will not accept any SDHC email address due to issues with the Hillsborough County School District email system. So, please provide us with an alternate that you check regularly.

I would prefer to work in the following position(s): (choose 1st, 2nd and 3rd choices)

Registration Sales Runner
Information Food/Hospitality Door Monitor Other: _____

- My past Odyssey of the Mind experience(s) include: _____
- I am a former Odyssey of the Mind team member: Yes No
- Age (circle one) Over 18 Under 18 or still in high school
(Regional Direct approval require **BEFORE** registering this worker)
- Are you related to anyone competing in Odyssey this year? Yes No
- If yes, in what problem is he/she competing? _____

I understand that, even though I might not receive my final official assignment until competition day, it is my responsibility to arrive at the workers' check in 10 minutes before at my designated time. I acknowledge that **if I do not uphold my obligations, the above team may receive a \$100 fine and may receive 25 point spirit of the problem penalty.**

Worker Signature _____

Coach/Coordinator: Use this form to complete the online team registration found at <http://www.floridaodysseyofthemind.org/FLO/MemberHome.php>

NO CHANGES TO ONLINE WORKER REGISTRATION AFTER JANUARY 15, 2012