



Florida Odyssey of the Mind Association, Inc. REGIONAL TOURNAMENT

2011-2012 Team Registration

Region: **BUCCANEER BAY**

Membership Number: _____ County: _____

Membership Name: _____
(see school contact person for official name)

Long Term Problem Name: _____ Division: _____

Coach # 1 Name: _____

Coach Home Address: _____

City: _____ Zip: _____

Phone: (include area code)

Day: (_____) _____ Eve: (_____) _____

Cell # (only to be used on day of tournament): (_____) _____

Email Address: _____

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.

Coach # 2 Name: _____

Coach Home Address: _____

City: _____ Zip: _____

Phone: (include area code)

Day: (_____) _____ Eve: (_____) _____

Cell # (only to be used on day of tournament): (_____) _____

Email Address: _____

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.

Member Name	Grade	School Attending
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please note the restrictions regarding adding team members and grade restrictions for divisions in the [Odyssey of the Mind Program Guide](#).

Information for the Coordinator/Coach: Keep this for online registration and your records.

CHANGES AFTER DECEMBER 15, 2011, PLEASE NOTIFY REGIONAL DIRECTOR