

GEORGIA ODYSSEY OF THE MIND 2008-2009
DIVISION IV REGISTRATION FORM A
Return by January 6, 2010

Membership Name: _____ Membership Number: _____
(as they appear on your membership card from Odyssey of the Mind headquarters)

Problem Name: _____

Faculty Sponsor: _____ Phone: _____ E-mail: _____

Student Contact: _____ Phone: _____ E-mail: _____

Box/Street

City

Zip

The above team agrees to the conditions set forth by Georgia Odyssey of the Mind for Division IV teams:

1. To register with Georgia Odyssey of the Mind and pay the non-refundable fee of \$75.00 by January 6, 2010 or by February 10, 2010 at a cost of \$125 which includes the late registration fee. We further understand that no fees will be accepted after February 10, 2010.
2. To register with the international Odyssey of the Mind Program.
3. To provide at least one trained judge per team member from our team for a regional tournament plus one judge for every two members for the State Tournament with the understanding that to judge at State one must have judged at a regional tournament and in order to judge at a regional tournament one must have been trained at one of the training sessions sponsored by Georgia Odyssey of the Mind. These judges may not get credit for judging for another team.
4. To notify the State Director in writing in advance of the State Tournament if for any reason our judge is unable to judge at State.
5. To return all money and other gifts received (i.e. shirts and pins) to the State Director by May 15th if for any reason our team is unable to perform at the 2010 World Finals Tournament.

I understand that by meeting the conditions listed above, my team will be considered a member in good standing with Georgia Odyssey of the Mind and therefore be entitled to an equal share in any scholarship money and/or gifts given to other state teams.

Judge(s) Name(s)	Address	Regional Tournament(s)	E-mail
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(List additional judges on the back of this form)

State Tournament Judge(s) _____

(List additional judges on the back of this form)

I certify that this team is officially representing the college named above.

Signature of Student Contact _____

Signature of Faculty Sponsor _____

Mail one form and fee per team to:
Georgia Odyssey of the Mind
Jeanne Fessenden, Co-Director
3037 Bellanca Street
Columbus, GA 31909
(H) 706-324-3142 (O and FAX) 706-324-2589
E-mail GeorgiaOdysseyAD@gmail.com