

APPLICATION TO PARTICIPATE IN ODYSSEY OF THE MIND

(Return to Mrs. Novotny by October 3. The team fee of \$15 must accompany this form.)

Student Name: _____ Grade: _____

Home Phone: _____ Odyssey Experience: _____

Parent(s) Name: _____ Cell Phone: _____

Odyssey Problem Wanted: 1st Choice _____ 2nd Choice _____

Parent will volunteer as: ___ Coach ___ Regional volunteer ___ Judge

___ Can help in other ways _____

My child has my permission to participate in Odyssey of the Mind. I understand that I am responsible for transporting my child to practices and competitions. I also understand that he/she is to do all the work and that my help is needed in other ways. In addition, I have included \$15.00 in cash or check (made payable to WCES) or a note explaining that the money is a hardship at this time.

X _____ (parent signature)

Odyssey of the Mind Coaching Application (Coaches must be approved school volunteers. Please print)

Name: _____ Phone: _____

Previous Odyssey Experience: _____

I am interested in coaching Problem # 1 2 3 4 5 (circle one)

I would prefer to hold meetings: at my house at school other: _____

I want/don't want my child on my team.

STUDENT WILL HAVE FIRST CHOICE OF TEAM/PROBLEM IF THEY:

- return a completed application by the deadline AND
- attend the organizational meeting on October 3rd from 6:00-7:00 p.m. with a volunteer for coach in the media center