



**FLORIDA ODYSSEY OF THE MIND  
2024 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 ( ) \_\_\_\_\_

Email \_\_\_\_\_

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

- |                         |   |
|-------------------------|---|
| ( ) Door Monitor        | ( ) Creativity Fest Assistant             |
| ( ) Registration        | ( ) Car Lane Monitor (outdoor assignment) |
| ( ) Information Table   | ( ) Saturday Sales                        |
| ( ) 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 (circle one)

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 **by the Coach** to capture the worker information and the Coach will go online and enter the worker for their team.*