

Application for Odyssey of the Mind®

Student Name _____ Parent(s) Name _____

Grade _____ 2nd period teacher _____ 8th period teacher _____

Home Phone(s) _____ Cell Phones _____

Address _____ City _____ Zip _____

Student Email _____ Parent Emails _____

Emergency Contacts _____
(Extra Phone Numbers) _____

Problem Choices:

Explain why these problems interest you and what **talent** you can bring to a team.

1 st Choice

2 nd Choice

Please list previous Odyssey experience:

Problem _____ Grade _____

Skills you contributed to the solution _____

Problem _____ Grade _____

Skills you contributed to the solution _____

Other extracurricular activities (and days of the week) in which you participate: (Circle the days you are free!)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____