

Pennsylvania Odyssey of the Mind Southeast Regional Tournament Registration Form

Membership Name : _____

Contact Person: _____ *Phone:* _____

Membership Number : _____

Number of Teams Registered with the Membership : _____

Total Amount Submitted (\$50.00 per team): _____

Late Fee (due if postmarked January 16-31): _____

***Absolutely NO registrations will be accepted
if postmarked after JANUARY 31.***

Please make checks payable to : SEPOM

Please mail this form along with SEPOM membership fees to :

*Deb Barnes
SEPOM Regional Director
2193 Madeira Drive
Macungie, PA 18062*