

# Missouri Future Problem Solving Program 2009 – 2010 Registration Form

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED. USE A SEPARATE FORM FOR EACH COACH. MAKE COPIES OF THIS FORM AS NEEDED.

Name of Coach \_\_\_\_\_

Coach's School

Name of School \_\_\_\_\_ School Phone # ( \_\_\_\_ ) \_\_\_\_\_

School Address \_\_\_\_\_ FAX # ( \_\_\_\_ ) \_\_\_\_\_

(City)

(State)

(Zip)

(County)

School District \_\_\_\_\_

Home

Address \_\_\_\_\_ Home Phone # ( \_\_\_\_ ) \_\_\_\_\_

(City)

(State)

(Zip)

E-Mail Address \_\_\_\_\_

(Please include for the quickest possible communication. If an e-mail address is not provided, regular mail service will be used.)

Coach's preferred mailing address \_\_\_\_\_ HOME \_\_\_\_\_ SCHOOL  
Coach's preferred communication \_\_\_\_\_ e-mail \_\_\_\_\_ postal service

Fill out the other side of this sheet to register program components.

# Registration of Participants

Name of Coach \_\_\_\_\_

## PARTICIPATION CATEGORY

	<b>Junior Division Grades 4-6</b>	<b>Middle Division Grades 7-9</b>	<b>Senior Division Grades 10-12</b>	<b>Total Across</b>	x Fee	
<u><b>Team Problem Solving</b></u> Number of Teams at each level <b>(FEE: \$110.00 per team)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$110	_____
<u><b>Individual Problem Solving</b></u> Number of Individuals at each level <b>(FEE: \$30.00 per individual)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$30	_____
<u><b>Scenario Writing</b></u> Number of Scenarios at each level <b>(FEE: \$20.00 per scenario)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$20	_____
<u><b>Community Problem Solving</b></u> Number of CmPS Projects <b>(FEE: \$85.00 per project)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$85	_____
<u><b>Individual Community Problem Solving</b></u> Number of Individual CmPs Projects <b>(FEE: \$25.00 per project)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$25	_____
<u><b>Action-Based Problem Solving</b></u> Number of teams (non-competitive) <b>(FEE: \$75.00 per team)</b>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	x \$75	_____

**TOTAL AMOUNT \$ \_\_\_\_\_**

MAKE CHECK PAYABLE TO:  
OR  
SEND PURCHASE ORDER TO:

**MISSOURI FUTURE PROBLEM SOLVING PROGRAM**  
 C/O SUE WAGNER  
 1015 ASHLAND COURT  
 ST. JOSEPH, MO 64506

IF YOU HAVE QUESTIONS OR WANT FURTHER INFORMATION CONTACT: **SUE WAGNER**  
 Telephone 816-364-3387 Fax: 816-364-3590  
[suewagner@stjoelive.com](mailto:suewagner@stjoelive.com)