Missouri Future Problem Solving Program 2023-24 Registration Form

Please complete the information requested, save, and print.

| Name of Coach | | | | | | | |
|-------------------------------------|------------------|----------------|-------|----|--|--|--|
| SCHOOL INFORMATION | | | | | | | |
| Name of School | | School Phone # | ± () |) | | | |
| School Address | | FAX # (|) | | | | |
| (City) | | (State) | (Zip) | | | | |
| School District | | | | | | | |
| School E-mail address | | | | | | | |
| May your school email address be sh | ared with FPSPI? | PLEASE CHE | CKYES | NO | | | |
| HOME INFORMATION | | | | | | | |
| Address | Home Phone # () | | | | | | |
| (City) | (State) | (Zip) | | | | | |
| E-Mail Address | | | | | | | |
| PLEASE CHECK | | | | | | | |
| Coach's preferred mailing address | HOME | SCH | IOOL | | | | |
| Coach's preferred communication | HOME | SCH | IOOL | | | | |

Registration of Participants

Name of Coach _____

| PARTICIPATION CATEGORY | | | | | |
|---|----------------------------------|---------------------------------|-------------------------------|------------|---------------------|
| | Junior Division Grades 4-6 | Middle Division Grades 7- | Senior Divisio 9 Grades | | Total Across |
| Global Issues Problem Solving Number of Teams at each level (FEE: \$110.00 per team) | | | | | X \$110 |
| Global Issues Problem Solving Number of Individuals at each leve (FEE: \$30.00 per individual) | | | | | X \$30 |
| Scenario Writing Number of Scenarios at each level (FEE: \$25.00 per scenario) | | | | | X \$30 |
| <u>Scenario Performance</u> Number of participants at each leve (FEE: \$25.00 per participant) | el | | | | X \$30 |
| Community Problem Solving Number of TEAM CmPS Projects (FEE: \$110.00 per team) | | | | | X \$110 |
| <u>Community Problem Solving</u> Number of Individual CmPS Project (FEE: \$40.00 per project) | cts | | | | X \$40 |
| Action-Based Problem Solving Number of teams (non-competitive (FEE: \$75.00 per team) |) Grades | s K-3 C | Grades 4-6 | Middle 7-9 | Total X \$75 |
| | | | | TOTAI | AMOUNT \$ |
| MAKE CHECK PAYABLE TO: OR SEND PURCHASE ORDER TO: | | | | | RAM |
| IF YOU HAVE QUESTIONS OR | WANT FURTHI | ER INFORM | IATION CONT | | Director Janet Fite |

Telephone 816-390-2446 (leave message) Fax: 816-324-7366 janetfite@mofps.org or janetfite@gmail.com