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*Oregon Game Project Challenge 1:
Oregon's First Annual High School Game Programming Competition*

REGISTRATION FORM

for

_____ (Team Name)

Sponsored by In affiliation with



TechStart Education Foundation and ETIC are proud to sponsor Oregon's First Annual High School Gaming Contest – **ogpc 1.0** (Game Design and Programming Challenge I). Once you have completed the last form and submitted your \$50 registration fee, your team registration will be finalized and you will be sent an invitation to the contest. For submission instructions, please see the last page.

TEAM INFORMATION:

Team Name: _____

Team Affiliation (e.g. school): _____

City where your team holds meetings: _____

TEAM COACH INFORMATION:

Coach Name: _____

Organization _____

Address _____

City _____ State _____ Zip _____

County (not country): _____

Day e-mail: _____

We have set up an email address that allows you to communicate with other **ogpc** coaches. You will receive a message with instructions on how to send messages to this list. We will also use this list to keep you informed.

Alternate e-mail: (for last minute urgent messages, if any) _____

Day phone number: _____

Evening phone number: (for last minute important messages, if any) _____



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If your team has any assistant coaches, please indicate their names below. If you would like them to be included on the **ogpc** email list, please provide us their e-mail addresses as well.

Assistant Coach #1 name: _____

Assistant Coach #1 e-mail: _____

Assistant Coach #2 name: _____

Assistant Coach #2 e-mail: _____

Assistant Coach #3 name: _____

Assistant Coach #3 e-mail: _____

TEAM MEMBER INFORMATION:

We are requesting the following statistical information to assist us in event planning and for recruiting additional sponsors. Please be as accurate as possible but please provide estimates where you don't have exact numbers.

Total Number of Team Members: _____

Gender

Number of males: _____

Number of females: _____

Grade Level

Number of 9th graders: _____

Number of 10th graders: _____

Number of 11th graders: _____

Number of 12th graders: _____



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Ethnicity

Number of Hispanic or Latinos: _____

Number of White: _____

Number of Black or African Americans: _____

Native Hawaiian or Other Pacific Islander: _____

Number of Asians: _____

Number of American Indian or Alaskan Native: _____

Number of Two or More Races: _____

PAYMENT INFORMATION:

You may pay with a personal check or credit card.

My personal check for \$_____ is enclosed with this registration form. (Please make checks payable to TechStart Education Foundation)

I am using a credit card: Visa Mastercard American Express Discover

Card # _____ Exp Date: _____

Name on card: _____

Address of Cardholder: _____

Amount to be charged on card: \$_____

Signature: _____

REGISTRATION SUBMISSION INSTRUCTIONS:

Please return this completed form via mail or fax:

via mail: TechStart Education Foundation, Attn: OGPC, 111 SW 5th Avenue, Suite 120
Portland, OR 97204; or

via fax: Attn: John Ossowski 503-228-5411

Questions: Call John Ossowski 503-802-5211 or e-mail ogpc@techstart.org