DESTINATION IMAGINATION

2019-20 START A TEAM FORM

MAIL TO: Destination Imagination, Inc., 1111 S. Union Ave., Cherry Hill, NJ, 08002 **FAX:** 856.881.3596 **QUESTIONS:** AskDI@dihq.org

Date: _____ Referred By (Not Required): _____

PURCHASER ADDRESS

❑ Residential ❑ Commercial

Name: _____

Street: _____

City: _____ State: _____

Zip: _____

Country: _____

Phone: _____

Fax: _____

_____

Email Address (required for complete processing)

Is this your first time doing Destination Imagination? ❑ Yes ❑ No

BILLING

Name: _____

Street: _____

City: _____ State: _____

Zip: _____

Country: _____

SCHOOL

_____

This is the school/organization responsible for the team(s)

_____

Tournament Affiliate (state or country) that your team(s) will compete in

ORDER DETAILS

QUANTITY	ITEM	PER UNIT	TOTAL
	Team Challenge: Digital PDF Files *Please read Affiliate Fee information below	$105	
	Early Learners / Rising Stars®: Digital PDF Files *Please read Affiliate Fee information below	$105	
	Affiliate (State or Country) Fee* Applies to teams in: AR, CA, CO, DE, IN, KS, KY, MD, ME, MI, MO, MT, ND, NE, NJ, NH, NM, NY, OR, PA, SD, VA, WI, WY, District of Columbia, Brazil, Cayman Islands, Colombia, United Kingdom, Guatemala and Mexico. Affiliates not listed above collect their Affiliate Fees separately. Other tournament and local fees may apply.	Call for your Affiliate Fee: 888.321.1503	

All prices are subject to change. Team Numbers are non-refundable.
The digital files will be made available on August 1, 2019.

Total: (Please include your Affiliate Fee*)

PAYMENT METHOD

Choose one method. Payment must be enclosed with this application. Please print or type.

❑ Check # _____
Make checks payable to:
Destination Imagination, Inc.
In U.S. Dollars only

❑ Money Order
Payable to Destination Imagination, Inc.

❑ Purchase Order (PO)
PO must be signed. Enclose or fax copy.

Credit Card (select one):

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

CVV Code

Card Number

Exp. Date (mm/yy)

_____

Cardholder Name - Must match billing address information

_____ _____

Cardholder Signature Phone Number