

START A TEAM 2010-11 SPONSORSHIP FORM



Mail to:
Destination ImagiNation, Inc.
1111 S. Union Ave.
Cherry Hill, NJ 08002

Fax to:
856-881-3596

Questions:
Email: AskDI@dihq.org

SPONSORSHIP INFORMATION

- This sponsorship should support this school:
Name of School: _____ Location of School: _____
- This sponsorship should support a team from this state/country: _____
- This sponsorship should support a team in need, which Destination ImagiNation will choose.
 - Divulge sponsor information to the team /school
 - Make my sponsorship anonymous

BILLING ADDRESS

- Residential Commercial

Name: _____
 Street: _____ City: _____
 State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

Quantity	Item	Per Unit	Total
	1-Team Pak	\$135	
	5-Team Pak	\$390	
	Season support for one team	\$200	
	Other		
NOTE: This donation will start a team on its way to experience Destination ImagiNation - Thank you! However, teams will also need to pay state, training and tournament fees, plus the cost of their supplies and the travel to/from training and tournaments which generally range from \$200 to \$500 per team.			Total Purchase

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 US Dollars only
- Money Order**
Payable to Destination ImagiNation, Inc.
- Purchase Order**
PO must be signed. Enclose or fax copy.
We ship as directed by the PO.

Credit Card: Select one:

- Visa** **MasterCard** **American Express**

Card Number: _____ Exp. Date (mm/yy): _____

Cardholder Name - Must match billing address information _____

Cardholder Signature _____ Phone Number _____