



# START A TEAM 2010-11

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

**Fax to:**  
 856-881-3596

**Questions:**  
 Email: AskDI@dihq.org

**Online:** www.ShopDI.org

## COORDINATOR SHIPPING ADDRESS

Residential  Commercial

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Email Address** (required for complete processing)

## BILLING ADDRESS

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

## SCHOOL / ORGANIZATION

\_\_\_\_\_

This is the school/organization responsible for the Team(s).

\_\_\_\_\_

Tournament State that your team(s) will compete in.

## NEW TO DI

Is this your first time to do Destination ImagiNation?  Yes  No

Quantity	Item	Per Unit	Total
	<b>Affiliate Fee*</b> – Applies to teams in: AK, AZ, CA, CO, DE, FL, HI, KS, KY, MD, NJ, NM, NY, NV, OK, PA, RI, SC, WI, WY Brazil, Mexico, Guatemala, and Singapore. Call 856-881-1603 for your Affiliate fee. *Many other Affiliates and Regions collect fees at the point of local registration.		
	1-Team Pak – <b>USA Domestic &amp; International</b>	<b>\$135</b>	
	5-Team Pak – <b>USA Domestic &amp; International</b>	<b>\$390</b>	
	<b>Rising Stars!® Team Pak</b>	<b>\$55</b>	
	Additional Sets of Program Materials (Printed & CD) – (\$25 USD each, shipping included)	<b>\$25</b>	
<b>All prices are subject to change. *Team Paks are non-refundable.</b>		<b>Total Purchase</b>	

## 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 \_\_\_\_\_