

Destination ImagiNation®

2004-2005 New York & International Passport Application

Name: _____

Please complete one **Passport Application** and **Payment and Shipping** page for each Passport License you will be purchasing. Be sure to put your name on the Application page in case your paperwork becomes separated during the processing of your Passport License.

Please note that this Passport Application includes all New York Affiliate and Destination ImagiNation, Inc. International membership fees. It does **not** include New York Regional Fees which will be billed separately.

PASSPORT TYPE:

Check one and complete requested information.

___ **(A) Individual Team Passport:** Allows a school, school program, college, university, military, community group, boy scout, girl scout, 4-H club, PTA/PTO, home school program, parent group, or business to put together a team of no more than seven participants and to register **one team**. Single team registrations with no affiliation to any group are also accepted. This membership would entitle a given team to participation in one Challenge at any level defined within our program structure. There are no restrictions on how a team is selected or assembled. Team members may come from within a community . . . or beyond.

___ **(B) 5-Pak Team Passport:** A team-based registration that allows up to five teams in any Challenge on any level of competition. A **5-Pak** can be purchased for an individual school, multiple schools with a total registration of less than 500 students, multi-school programs with a single itinerant teacher, or a recognized community organization that serve children such as, Boy Scout Troops and Girl Scout Troops, 4-H clubs, PTA/PTOs. **5-Paks may not be purchased on behalf of school districts, states, provinces, program affiliates (ie. the New Jersey DI Affiliate) Girl/Boy Scouts of America nor any larger parent organization. Passports may be held by a local or community entity within the parent organization as described above.** Schools/groups with more than one Primary team **MUST** purchase a **5-Pak**; however, a **5-Pak** member is entitled to 5 competitive teams and an unlimited number of Primary teams.

REGISTRATION FEE:

(does not include Regional Fee which will be billed separately)

___ **\$150.00 Individual Team Passport** –
materials sent on *PC compatible* CD-Rom

___ **\$250.00 5-Pak Team Passport** –
materials sent on *PC compatible* CD-Rom

___ **\$110.00 USD 5 Pak Team Passport Upgrade** –
Upgrade from an Individual to a 5-pak Passport.

___ **\$20.00 USD Printed Passport Materials** –
Uniquely Bound Program Materials.

Destination ImagiNation® Payment and Shipping Information

Use this page to complete your order for the Passport Application. Be sure to complete all sections of this page. Whenever using a Credit Card be sure to complete the Billing Address information. Also, **please provide a good e-mail address**, in the Contact Information section, as once in the system you can set-up an on-line profile much as you would with any e-commerce business.

When completed send this page along with page1 of the Passport Application to:

Destination ImagiNation, Inc.
PO Box 547
Glassboro, NJ 08028

If you are using a Purchase order or Credit Card you may fax the information to (856) 881-3596 If you have further questions feel free to contact the office at (856) 881-1603 or e-mail us at headquarters@destinationimagination.org.

METHOD OF PAYMENT: (Check one)

Check # _____ to Destination ImagiNation in US \$

Money Order, payable to Destination ImagiNation in US \$

Purchase Order—signed (enclose or fax copy)

Credit Card: (provide complete information)

MasterCard VISA Card

Expiration Date: ____/____

____-____-____-____-____-____
Card Number

Cardholder's Name (Please print)

Cardholder's Signature

If paying by credit card, we require you provide the Billing Address of the credit card holder. **This information is required for us to charge your credit card.**

Credit Card Billing Address

Name On Credit Card : _____

Street: _____

City: _____

State/Province: _____ Zip: _____

PASSPORT HOLDER INFORMATION

PASSPORT NAME (for example: ABC Elem. School, ABC Program, ABC Home Schoolers, ABC College, X-tremes, etc.)

Level (Circle One) EL ML SL University/Military

SPONSORING ORGANIZATION (for example: School District, Club, Business, Group, etc.)

CONTACT PERSON/SUBSCRIBER INFORMATION

Name: _____

Day Phone: _____

Night Phone: _____

FAX Number: _____

Email Address: (please TYPE or PRINT CLEARLY)

MAILING ADDRESS

Street: _____

City: _____

State : _____ Zip: _____

SHIPPING ADDRESS

Check one: Residential Commercial

Street: _____

City: _____

State/Province: _____ Zip: _____

Country (if other than USA): _____