



DESTINATION IMAGINATION of NEW YORK 2008-2009 **WESTERN REGION** REGISTRATION FORM

You will need to purchase a separate State/International Registration Membership- Form attached

Complete one form for each School Building - copy this form as needed:

School/Organization name:

Contact Person: _____ e-mail address: _____

Address: _____

City _____ Zip code: _____

County _____ Work phone: _____ Home phone: _____

E-mail address: _____

National Membership # 134- _____ *if you don't have this yet, don't wait for it!*

A check for your membership should be made payable to "Destination ImagiNation of NY - WEST" and is due by November 1, 2008. **Membership Applications received after 11/1/2008 will be charged an additional \$25 per team late fee.** No memberships will be accepted or processed after February 15, 2009.

Please complete:

Type of Team	Cost per team	# Teams	Amount Due
Competitive 1 to 5 Teams	\$275.00 each team		
Competitive 6 or more teams	\$250.00 each team		
Rising Stars!	\$ 25.00 each team		

TOTAL AMOUNT DUE \$ _____

No refunds will be offered for cancellation after payment is made.

Mail to: Dee Urban, Affiliate Director
Destination ImagiNation of New York, Inc.
73 Minden Drive
Orchard Park, New York 14127