New York Destination ImagiNation Application

START A TEAM 2010-11

DestinationImagiNation®

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

Fax to:
856-881-3596

Online: www.ShopDI.org

Questions:
Email: AskDI@dihq.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
	THIS IS A COMBINED NY & DI, INC. APPLICATION: Pricing includes NY Affiliate Fees - Your NY Regional Fees are additional Contact your Regional Director for NY Regional pricing.		
	1-Team Pak	$212	
	5-Team Pak	$492	
	Rising Stars!® Team Pak	$70	
	Additional Sets of Program Materials (Printed & CD) – ($25 USD each, shipping included)	$25	

All prices are subject to change. ***Team Paks are non-refundable.**

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

051910