

New York Destination ImagiNation Application

START A TEAM 2011 -12



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
	THIS IS A COMBINED NY & DI, INC. APPLICATION: Pricing includes NY Affiliate Fees of \$77 per team regardless of team-pak purchased. Regional Fees are additional. Contact your Regional Director for Regional pricing.		
	1-Team Pak	\$212	
	5-Team Pak	\$775	
	Institutional Purchase – For school districts & organizations responsible for each team. 30 Team minimum, no maximum	\$155 each must order 30 or more	
	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 _____

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