

# 2012-2013 Team Registration Form

Destination ImagiNation is a program of Create North Dakota



**School Name:** \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Team Membership Number: \_\_\_\_\_

Team Manager Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Additional Team Managers

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Team Members

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Your team may have team members of all ages, but the Level at which you must compete will be determined by the participant in the highest grade-level, or by the participant who is the oldest.

**Challenge (Circle)** A B C D E Outreach Rising Stars

**Level** \_\_ Elementary Level (EL) \_\_ Middle Level (ML) \_\_ Secondary Level (SL)

## Our Team Appraiser & Volunteers\*

Appraiser Name: \_\_\_\_\_

Volunteers Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Please provide a copy of the appropriate contracts to the above people so they can sign and return it by

**January 15, 2013**

Each Team is required to complete this form and return it prior to January 15, 2013 to:

**Ruth Faul - Tournament Director | 2756 15th St NE | Harvey ND 58341**