

2011-2012 Team Registration Form

CreateND - North Dakota Affiliate of Destination ImagiNation, Inc.



School Name: _____

Team Name: _____

Team Manager: _____ Team Membership Number: _____

Team Manager Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (W) _____ (H) _____ 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, 2011

Each Team is required to complete this form and return it prior to January 15, 2012 to:

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