Jefferson County Destination ImagiNation®

2009- 2010 Tournament Registration

DEADLINE – JANUARY 15, 2010

Registration Fee - $50 PER Team

Please type or print in black ink

School:_____ Phone:_____

DI Building Coordinator:_____

Email:_____

Street Address:_____

City/Zip:_____Home Phone:_____

(Please provide a complete home address if not at the school.)

Each **TEAM** must submit the name of one person willing to be an Appraiser or Volunteer. Appraiser/Volunteer can help at **any** Colorado Tournament to fulfill this requirement. Additional names are always welcome! Thank you for your help with this very important part of our program.

_____(H)_____(W)_____

Name of Appraiser Address Phone

_____(H)_____(W)_____

Name of Appraiser Address Phone

_____(H)_____(W)_____

Name of volunteer Address Phone

_____(H)_____(W)_____

Name of volunteer Address Phone

Coordinators: Please submit this completed form to the address below. Make checks for $50 per team (5 teams or more $250.00) payable to Jeffco Schools DI. **The office must have the form in order for school Registration to be confirmed. You will submit your Team Roster by February 5, 2010.**

Enclosed is a check for $_____ for _____ Teams from

_____School or Membership name)

If the school is paying the fee from its budget, the financial secretary may process an electronic journal entry. If so, please send a copy of the journal entry to Shannon in the Gifted and Talented financial office. Use the following account information: SR030(Fund/Unit)-451500(Account)-84008(Dept ID)-1023(Program).

Return this form to:

Sheila Swanson
8718 S. Allison St.
Littleton, CO 80128

Fax: 720-922-9455