

Office use only: Team # _____

Individual Team Registration

Jeffco Public Schools 30-Team Pak

This form must be used to register a team as part of the Jeffco 30-Team Pak. Individual team registrations will be granted as they are received. This individual registration is cost effective for all schools regardless of the number of teams in the school.

The cost per team is \$99.00 and it is non-refundable. Payment in the form of a journal transfer (**SR030 – Fund/Unit; 451500 – Account; 84008 – Dept ID; 1023 – Program**) or a check made payable to "Jeffco Public Schools" *must* be sent with this form. Forms can be faxed only if payment is made by journal transfer.

The Program Materials and the team number will be sent to each successfully registered team. The registration process has changed this year so that all teams can be included in this membership. There are no limits.

*** DO NOT USE THIS FORM FOR RISING STARS! TEAMS.** REGISTER THEM ON LINE AT WWW.SHOPDI.ORG. THE REGISTRATION FEE FOR THESE TEAMS IS \$70.

PLEASE COMPLETE ONE REGISTRATION PER TEAM

School Name _____

School Coordinator _____

Phone _____

Email _____

Team Manager _____

Team Name (if known) _____

Phone _____

Email _____

Mailing Address for materials to be sent to:

<p>Please fax or mail this form, along with payment in the amount of \$99.00, to:</p> <p>Nyla Kimmett 7668 Rampart Way Littleton, Co 80125</p> <p>Fax: 720-922-9455 Phone: 720-922-9399</p> <p>MAKE CHECKS PAYABLE TO: JEFFCO PUBLIC SCHOOLS</p>
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Jefferson County Destination ImagiNation®

2010- 2011 Tournament Registration

DEADLINE – JANUARY 15, 2012

Registration Fee - \$65 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	Email Address		Phone

_____	_____	(H) _____	(W) _____
Name of Appraiser	Email Address		Phone

_____	_____	(H) _____	(W) _____
Name of volunteer	Email Address		Phone

_____	_____	(H) _____	(W) _____
Name of volunteer	Email 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, 2012.**

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:

**Nyla Kimmett
7668 Rampart Way
Littleton, Co 80125**

Fax: 720-922-9455