


## 2016-2017 Destination Imagination Sign-Up

Please return to Sandra Mroz, GT Contact, by Monday, October 17, 2016 – **no late forms** will be accepted.

Student Portion	Adult Portion
Name _____	Name _____
Address _____	Phone(s): _____
Grade _____ Homeroom _____	Email(s): _____
Birth Date _____	Please check any of the following that apply – no experience necessary!
<p><b>If possible</b>, I would like to be on the same team as:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> I have been a DI Team Manager in the past, and would love to do it again.
<p>I would be <b>unable</b> to attend team meetings on the following days and times:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> I have never been a DI Team Manager, but I'll consider it. Please contact me.
<p><b>Submission of this application does not guarantee your child will be on a DI team. Teams will be determined by the number of coaches available and the amount of student interest.</b></p>	<input type="checkbox"/> I would be willing to open my home for DI practices.
	<input type="checkbox"/> I would be willing to train and serve as an appraiser (one 4 hour training, one full Saturday of appraising)
	<input type="checkbox"/> I would be willing to donate at least two hours of my time on the day of the tournament – I understand that this will NOT interfere with my seeing my child's performance.
	<input type="checkbox"/> I know someone who is interested in coaching, appraising, coordinating, or volunteering.
	Name: _____
	Phone/Email: _____
	<input type="checkbox"/> I think this program sounds interesting. I'd like more information before consider volunteering. Please contact me.