



Centerville Destination Imagination

Team Information

2017-18



Team Managers: Complete the following information and return **3 COPIES** at the Team Manager meeting on **OCTOBER 18**. You may want to keep a copy for your own records. This form is used strictly to update our database. All personal information will remain confidential.

School _____

Challenge _____

Team Name _____

The Centerville Parent Support Group will hold a Dress Rehearsal for all DI teams on Sunday, February 25. Each team MUST provide a Volunteer to assist for 2-3 hours on this day.

Dress Rehearsal Volunteer Name _____

Phone _____ Email _____

TEAM INFORMATION:

TM Name: _____ **T-shirt size:** _____

Phone: _____ Email: _____

Address: _____

City: _____ ZIP: _____

TM Name: _____ **T-shirt size:** _____

Phone: _____ Email: _____

Address: _____

City: _____ ZIP: _____

Team Member Name: _____ **T-Shirt Size:** _____
Date of Birth: ___/___/___ Grade: _____ Gender: M or F
Parent(s) Name(s): _____
Phone: _____ Parent email: _____
Address: _____ ZIP _____

Team Member Name: _____ **T-Shirt Size:** _____
Date of Birth: ___/___/___ Grade: _____ Gender: M or F
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