



2008-09 DI projectOUTREACH Free Membership Opportunity

Mail to:
 Destination ImagiNation, Inc.
 PO Box 547
 Glassboro, NJ 08028

Fax to:
 856-881-3596
Online:
 www.ShopDI.org

Questions:
 Email: AskDI@dihq.org

Coordinator Shipping Address

Residential Commercial

Name: _____
 Street: _____
 City: _____ State: _____
 Zip: _____
 Phone: _____
 FAX: _____

Email Address required for complete processing

Billing Address

Name: _____
 Street: _____
 City: _____ State: _____
 Zip: _____
 Country: _____

Membership Name

This is the school/organization responsible for the membership

Team Validation

The National Dairy Council is generously sponsoring the first 500 domestic teams that choose to participate in the DI projectOUTREACH Take Charge! Challenge in 2008-09. The FREE memberships are made available as a 1-Team Pak. The Take Charge! Challenge is limited Middle, Secondary and University Level participation. Please one form for each team participating in this Challenge. In order to be eligible for this FREE DI membership, you must answer yes to ALL of the following questions:

- YES NO Is the team registering for this FREE membership going to participate in the DI projectOUTREACH Take Charge! Challenge?
- YES NO Is the team registering for this FREE membership 100% committed to completing the Take Charge! Challenge and attending a local Tournament?
- YES NO Have you verified with your local Regional/Affiliate Director that the Take Charge! Challenge is available in your area?

Quantity	Item	Per Unit	Total
	Affiliate Fee* – Applies to memberships in: AZ, CA, CO, KY, WI, MD, NJ, NM, NY, PA, RI, SC, WY, DE, KS, OK, NV, Brazil, Mexico, Guatemala, and Singapore. Call 856-881-1603 for your Affiliate fee *Many other Affiliates and Regions collect fees at the point of local registration.		
	1-Team Pak Membership – USA Domestic	Free	Free
	By: DI-sign Subscription – October 2008 - March 2009	\$30	
	Additional Sets of Program Materials (Printed & CD) – (\$25 USD each, shipping included)	\$25	
All prices are subject to change. Orders must be paid in full to be processed.		Total Purchase	

Payment Method

Choose one method. Payment must be enclosed with this application

Check # _____
 Make checks payable to:
 Destination ImagiNation, Inc.
 In US Dollars only

Money Order
 Payable to Destination ImagiNation, Inc.

Purchase Order
 PO must be signed. Enclose or fax copy
 We ship as directed by the PO

Credit Card: select one:

Visa **MasterCard** **American Express**

Card # _____ Exp. Date (mm/yy) _____

_____ card holder name - must match with billing address information - print or type

_____ card holder signature

_____ phone number