

# Registration Payment, Change & Update Form

Fax/Email  
856.324.4371  
globals@dihq.org

## Team Information

Team Number	Team Name	Challenge	Level	Affiliate (State/Province)

## Team Manager Information

Team Manager Name	Team Manager Email	Phone Number

## Changes & Updates

Name	M/F	Age	Participant Type	Package Type	Package Charge

## Cancellations (after may 2, 2014, a \$100 cancellation fee will incur)

Name	M/F	Age	Participant Type	Package Type	Package Charge

## Check or Money Order

Total Payment Amount	Check/MO#	Name on check/MO
Payment to be applied to:		

## Purchase Order (please send signed copy of purchase order by mail or fax)

Total PO Amount	PO #	Institution Submitting PO
Payment to be applied to:		

## Credit Card

Total Payment Amt.	Card #	Card Type (Visa, MC, Amex,	Exp. Date	CCV Code
Name on Card				
Address	City	State/Zip	Cell Phone #	
Payment to be applied to:				
Authorized Signature				

Please duplicate and complete this form every time you have a change or payment toward your Global Finals Team Registration. Once you have completed the above information, please submit either by fax or mail. All changes must be submitted and balance paid in full/secured (by purchase order) by May 2, 2014.

Please mail checks, payable to:  
Destination Imagination  
1111 S. Union Ave.  
Cherry Hill, NJ 08002