

# REGISTRATION PAYMENT, CHANGE & UPDATE FORM



Please duplicate and complete this form every time you have a change or payment toward your Team Registration. Please submit by fax, mail or email. All changes must be submitted and balance paid in full or secured by purchase order by May 1, 2015.

## TEAM INFORMATION

Team Number 135-58086 Challenge Name Brand Aid

Level Middle Affiliate (State/Province) Ohio

## TEAM MANAGER INFORMATION

TM Name Koula Anastasiades TM Email kcoliadis@aol.com Team Manager Phone 330-647-3848

We will gladly accept any donation (in any amount). Please make sure to write the following on your donation check:

DONATION TO TEAM #135-58086  
GLOBAL FINALS 2015

Please complete payment type (check or credit card) below,  
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## PAYMENT TYPE (CHOOSE ONE)

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(Please make checks payable to Destination Imagination)

Total Payment Amount          Check/MO#         

Name on Check/MO   

### Purchase Order

(Please send signed copy of purchase order by mail or fax)

Total PO Amount          PO#         

Institution Submitting PO   

### Credit Card

Total Payment Amount         

Name on Card   

Cell Phone#          Card #   

Card Type (Visa, MC, Amex, Discover)          Exp. Date         

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Authorized Signature   

### Mail to:

Destination Imagination  
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### Fax to:

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### Email to:

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