TECH EFFECTS

TEAM INFORMATION

Team Manager:

Sponsoring Organization:

Street Address:

City: State: Zip:

Phone: E-mail:

TEAM LEVEL

☐ Elementary School ☐ Secondary School ☐ High School

TEAM MEMBERS

1.

2.

3.

4.

5.

6.

7.

METHOD OF PAYMENT

CHECK #_____, payable to Destination ImagiNation, Inc. in US Dollars.

MONEY ORDER, payable to Destination ImagiNation, Inc. in US Dollars.

PURCHASE ORDER, signed (fax or enclose copy)

CREDIT CARD: (provide complete information)

☐ **MASTER CARD** ☐ **VISA**

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

CARD NUMBER

EXPIRATION DATE (MM/YYYY)

CARDHOLDER NAME (Please Print)

CARDHOLDER SIGNATURE

SHIPPING INFORMATION (VIA UPS - NO P.O. BOXES)

Name:

School/Company:

Street Address:

City:

State:

Zip:

Day Phone #:

Evening Phone #:

Fax #:

Address is: ☐ Residential ☐ Business

Tech Effects
Destination ImagiNaion, Inc.
P.O. Box 547
Glassboro, NJ 08028