



# Destination ImagiNation

## Student & Volunteer Sign-Up Form Lewisville ISD – 2009-2010

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Grade \_\_\_\_\_ School Forestwood MS email \_\_\_\_\_

Address (include Zip Code) \_\_\_\_\_

DI Team Challenge Preference (see attached synopses) \_\_\_\_\_ No Preference

\_\_\_\_\_ First Choice

\_\_\_\_\_ Second Choice

Friends you'd like to have on your DI team: \_\_\_\_\_

\_\_\_\_\_

**Parent & Teacher volunteers make this program possible!**  
*Please check below how you can contribute:*

Volunteer Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_ I will manage a team (ensures that your child will be on a team!)

\_\_\_\_\_ I will co-manage a team with \_\_\_\_\_

\_\_\_\_\_ I will appraise at the Regional tournament in March 2010

\_\_\_\_\_ I will donate materials or help in some other way

Please return this completed form to the school office  
as teams are forming now!

**DUE: FRIDAY, OCTOBER 2, 2009**