CFISD Destination Imagination-Authorization to Purchase a Team

*Submit signed form at bit.ly/DIteamform by October 7, 2022

No late authorization forms will be accepted

| Please | PRINT I | leaibly. |
|---------|----------------|----------|
| , icasc | | CHIDIY |

| Team Manager's (TM) Name | | Cell Phone Number | |
|---|-------------------------|-------------------|--|
| TM's Home Address | City | Zip Code | |
| TM's E-mail Address | | | |
| Campus | | | |
| Team Name | | | |
| Name of Campus Liaison | | | |
| Signature of Elementary Principal <u>or</u> Secondary | Director of Instruction | | |

Please note: DI, TexasDI, and Gulf Coast DI plan a face-to-face tournament format. No support is planned for the Digital Open.

| Team Member Names | Grade | Birthdate |
|-------------------|-------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Team Manager must submit this form at bit.ly/Dlteamform by October 7, 2022

Team commits to providing an appraiser for the Regional Tournament

Forms lacking the principal or director's signature will not be accepted.

ONE FORM PER TEAM

