St. C. Destination Imagination 2019-20

Send completed form to Cinda Weisgerber
216 Harbel Drive St. Clairsville, Ohio 43950 or weisgerbers@sbcglobal.net
Team formation will begin October 20, 2019

Student's Name_____ HR Teacher_____ Grade ____
Parents' Name_____ Address_____
Home Phone_____ Parent Cell (M) _____ (F)_____

Parent Email Address (Please print legibly)
_____

***Regional Tournament 2/29/20 Union Local Schools**
****Affiliate Tournament 4/4/20 Centerville High School**
*****Global Finals 5/20-23/20 Kansas City, Missouri**

Challenge Preference for Grades 3rd- 12th: (Rank choice 1st, 2nd, 3rd)

____ The Big Fix (technical) ____ First Encounter (scientific) ____ Picture This (fine arts)
____ To the Rescue (improvisational) ____ In the Cards (engineering) ____ It's About Time (service-learning)
____Early Learning - Rising Stars! Blast Off -**(K – 2 Non-competitive/Regional Level only)**

Areas of interest/talent: (Please check all that apply)

_____ Research _____ Technical _____ Scientific _____Music
_____ Improv _____ Visual Art _____ Drama _____Dance
_____ Storytelling _____ Engineering _____ Community Service

- **Parental (Adult) Involvement**: (In addition to fundraising activities, **each team must have one adult** representing them in **each** of these **volunteer positions)**

_____Team Manager/ Co Manager Throughout the season **Tournament:** ___Volunteer 2-3 Hours ___Appraiser all day

If selected, and a team manager is available, _____has my permission to participate in the Destination Imagination Program. I will support the St. C. DI Program Fundraisers and understand I will be responsible for expenses related to the challenge solution. If my child's team advances to the Affiliate (state) Tournament and Global Finals, I realize there will be additional expenses for travel, food, and housing.

_____ _____
Parent Signature Date