

2014-2015 Destination Imagination - Interest Form

Please complete and return this form to Ms. Williams or email it to suewilliams@rockyview.ab.ca. All forms must be submitted **October 10th**. You will be notified of team placement as soon as teams are finalized.

Student Name (please print) _____ Homeroom _____

Parent Name _____

Email Address _____

Phone Number _____

Parent Section (please initial)

_____ Yes, I am interested in managing/co-managing a team and am willing to attend one of the Team Manager training sessions.

_____ I am unable to manage a team and understand that my child will be placed on a team only if another adult is able to serve as a Team Manager and if there is space on a team.

Student Section (Please choose the 1st, 2nd and 3rd Team Challenges that interest you)

_____ Technical

_____ Improvisational

_____ Scientific

_____ Structural

_____ Fine Arts

_____ Service Learning

I understand that as a member of a Destination Imagination team that it is important to work cooperatively with others during all meetings. I promise to treat my Team Manager and Team Members with respect.

Student Signature _____

Parent Signature _____