

## Central TXCPSO Destination ImagiNation 2017 Tournament Prep Checklist

As a reminder, your team will need to have the following paperwork at the regional tournament on February 25. You must confirm your registration on-site either on Friday, February 24, from 7-9 p.m. or on Saturday, February 25, from 7-8:30 a.m. Good luck in the competition!

- ☐ Registration Confirmation & Check-In Form [attached]
- ☐ Tournament Data Forms (TDF)[located at the back of your challenge]--- 5\*  
copies
  - This is *Starry Showcase* for Rising Stars
- ☐ Declaration of Independence --- 2 copies
- ☐ Expense Report Form [not needed for Rising Stars] --- 1 copy
- ☐ Team Sign [not needed at check-in but needed at the competition site]
- ☐ DI Medical Release Form for each team member [form located on both the Central TXCPSO and state DI websites; it is in addition to any medical release form your school district may require]
- ☐ DI Media Release Form --- 1 copy [located on both the Central TXCPSO and state DI websites]

Central TXCPSO Destination ImagiNation  
**Registration Confirmation and Check-In Form**  
February 24 or February 25, 2017

- Team managers will be responsible for certifying qualifications of competing team members.
- Team managers must verify that no one other than the competing team members has worked on the challenge.
- A team manager or representative will pick up the t-shirts at registration check-in.
- Registration confirmation and check-in will be held in the school entry foyer on Friday evening, February 24, from 7 -9 p.m. and on Saturday, February 25, from 7 - 8:30 a.m.

**Please Print or Type**

Team Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_ District: \_\_\_\_\_

Team Manager 1 \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Team Manager 2 \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Circle Your Team's Division: PL EL ML SL Team Membership Number \_\_\_\_\_  
(Membership Number Absolutely Required)

**Mark Your Team's Challenge:**

_____ A. Technical	_____ D. Improv	_____ Rising Stars/Early Learning
_____ B. Scientific	_____ E. Engineering	_____ DI Extreme
_____ C. Fine Arts	_____ Service Learning/Project Outreach	

Print Team Members' Names: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_  
6) \_\_\_\_\_ 7) \_\_\_\_\_

**Registrar to Check and Initial:** \_\_\_\_\_ Expense Form (1 copy)  
\_\_\_\_\_ Tournament Data Form (5 copies) \_\_\_\_\_ Medical Release Form (one for each team member)  
\_\_\_\_\_ Declaration of Independence (2 copies) \_\_\_\_\_ Media Release Form (1 copy)

**To Be Signed at Registration Confirmation and Check-In:**

► I hereby certify that no more than the 7 (10 for Rising Stars) team members listed above have worked on the Challenge and that the team division is correctly based on the ages and/or grade level of the team members.

Team Manager: Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

► I certify that my team's T-shirt order is correct and that I am taking the bag of T-shirts as complete.

Team Manager or Representative: Printed Name \_\_\_\_\_ Signature \_\_\_\_\_