

**2019 OHIO AFFILIATE
DESTINATION IMAGINATION TOURNAMENT
*Invoice/Fee Form***

**Invoice and check, or electronic payment with
the information below must be received
within 7 days of your Regional Tournament**

Registration Fee for State Tournament is: \$40.00 per team

**Please make your checks payable to:
Ohio Kids for Creativity**

Mail or Email as an attachment to:

**Don Hartman
50 Beverly Place
Dayton, OH 45419-3401**

hartmansandon@sbcglobal.net

- Please use **one form for each team.**
- If you are paying for more than one team with a single check, **please staple all the forms together.**
- If you are **paying by PayPal**, send payment to hartmansandon@sbcglobal.net **and**
- send the information below to Don Hartman at the same email address above.

Region _____ Team Number: 135- _____

Challenge: _____ Level: _____

School/Organization _____

Team Nickname _____

Team Manager Address _____

Phone (_____) _____

E-mail _____