



Student First Name: _____ Last Name: _____

Grade: _____ Last years Teacher: _____

Parent First Name: _____ Last Name: _____

Contact number: _____ Email: _____

Emergency Contact Name/Number: _____

Current after school activities:

Schedule of activities:

Commitment-Date range practices, games, tournaments, etc. of current activities

We are planning on meeting once a week after school for an hour. Time and days will increase after December.

Day/Days available for Destination Imagination practice M T W TH F

Planned Vacations: _____

Last Years Teacher approval for Destination Imagination
