REGIONAL CHAMPIONSHIP AWARD ORDER FORM

Please complete this form and return it with your money order or credit card info to the registration desk or you can mail the order form with your money order to IMAGINE. Please print clearly as this will be your mailing label. DO NOT USE P.O. BOXES.

Name_____

Address_____

City_____ State_____ Zip_____

Daytime Phone (____)_____ Email Address _____

Method of Payment **(Please Check One)**

❑ Money Order **(Please Do Not Mail Cash)** ❑ Credit Card

Card Number: | | |