

# Destination Imagination at MPA Team Manager Information

❖ Team Manager Name \_\_\_\_\_

❖ Address \_\_\_\_\_

❖ Phone \_\_\_\_\_

Over 18? \_\_\_\_\_

❖ Phone \_\_\_\_\_

❖ Email \_\_\_\_\_

❖ Your association with MPA: parent\_\_\_\_ staff\_\_\_\_ grandparent\_\_\_\_ sibling\_\_\_\_  
other\_\_\_\_\_

❖ Do you have a child who wants to be on a team? Yes No

❖ Names of children: \_\_\_\_\_

Please fill out a student registration form for your child.

❖ Do you want your child on the team you manage? Yes No

❖ Do you have potential team members in mind for your team? Yes No  
If yes, please provide the names.

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❖ Where do you plan to meet with your team?

\_\_\_\_\_  
*Veronica has a form for you to fill out if you plan to use a space in the school.*

❖ When are you available to meet with a team?

\_\_\_\_\_  
❖ Do you have a co-team manager in mind? Yes No If yes – who?

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Thank you for providing this information. I will be soliciting team managers and members during the month of September. I try to place every child who wants to participate on an appropriate team taking in to account age and schedule among other things. Without the adult volunteers this program would not be available. THANK YOU!