

# 2005 First Lego League State Tournament

Indiana University – Purdue University

Fort Wayne

2101 E. Coliseum Blvd.  
Fort Wayne, Indiana 46805



## INVOICE

**2005 Indiana State First Lego League Tournament – Sunday December 10, 2005**  
**Tournament Fee - \$35 for first team, each additional team \$30**

**Optional:** Videotape or DVD copy of FIRST LEGO® League Tournament, Gates Sports Center, Fort Wayne, IN, Dec. 10, 2005. (Total Run Time approx. 2:30 hours) - **\$15 per 1 team copy.**

**Additional copies for teams or individuals - \$20**

Contact Person: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ email: \_\_\_\_\_

Team Number(s) and Name(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Registration Fee: \$35/\$30(each additional team) \$ \_\_\_\_\_

Videotape/DVD copy of FLL Competition: \$15 (1 per team)  
 \$20 (for each additional copy) \$ \_\_\_\_\_

Please indicate format you prefer:    (    ) Videotape    (    ) DVD

Total Amount Due: \$ \_\_\_\_\_

**A copy of this invoice must be mailed or faxed back to IPFW prior to the event on December 10, 2005.**  
**A copy of the invoice must be returned even if you are planning to pay at registration. Invoices may be faxed to (260) 481-5734**

Please select payment Option	
<input type="checkbox"/> Pay in advance. Complete section I. Complete section II as well, if planning to order video tapes.	<input type="checkbox"/> Pay at registration. Complete section II only if planning to order video tapes.
<b>I. METHOD OF PAYMENT</b>  _____ PO Number: _____  _____ Cash/Check  _____ VISA    _____ MASTERCARD    _____ DISCOVER  Account # _____  Expiration date (MM/YY) _____  Signature _____	<b>II. TAPES SHOULD BE MAILED TO</b>  Name: _____  Address: _____  City: _____  State: _____ Zip: _____  Daytime Telephone (    ) _____

Make all checks payable to **IPFW FIRST LEGO® League**. (Don't forget to include this invoice with your FLL team number, the number of copies you would like of the video tape, the total amount, and the address where the tape(s) should be mailed.) If you have any questions concerning this invoice, contact Paula King, (260) 481-4145, [kingp@ipfw.edu](mailto:kingp@ipfw.edu).

**If paying in advance, please return checks along with this completed invoice to:**  
**IPFW, Paula King - ET 243, 2101 E. Coliseum Blvd. Fort Wayne, IN 46805. Thank you!**