

EVENT REGISTRATION

Event: _____ Location: _____

Event Date: _____ Registration Date: _____

Cost - Parent & Child: \$ _____ Extra Child: \$ _____

**** Tribal Chief should make one (1) check payable to the Longhouse****

Host Tribe: _____ Contact: _____ Phone: (H) _____ (W) _____

Co-Host Tribe: _____ Contact: _____ Phone: (H) _____ (W) _____

Your Tribe Name: _____ Contact: _____ Phone: (H) _____ (W) _____

#	NAME (list child/children under parent)	AMT PAID	CHECK #	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				

Total Parents _____ Children _____ Total Cash \$ _____ Checks: _____