

GRADUATION POWWOW DANCE/JIGGING REGISTRATION

PLEASE PRINT CLEARLY

LASTNAME:			
FIRST NAME:			
DATE OF BIRTH:	MM/DD/YY	Social Ins. Number: *mandatory for 16+ years old	
CELL PHONE:			
MAILING ADDRESS:			
CITY/TOWN/PROVINCE/ POSTAL CODE:			
EMAIL ADDRESS:			
BAND/COMMUNITY:			

****DISCLAIMER:** The Powwow Committee **requires all competitors over the age of 16** to supply their Social Insurance Numbers (SIN) or Social Security Number in order to receive payments. The University of Saskatchewan reserves the right to publish the names of contest winners as well as take photographs and video of this event, including attendees, for use in future promotional materials. The Committee is not liable for theft, injury or extenuating personal circumstances.*

SIGNATURE: _____ DATE: _____

TINY TOTS (0-6 yrs.)	JUNIORS (7-12 yrs.)	TEEN (13-18 yrs.)	ADULT (19-49 yrs.)	Golden Age (50 + yrs.)
<input type="checkbox"/> GIRLS	<input type="checkbox"/> GIRLS TRADITIONAL	<input type="checkbox"/> GIRLS TRADITIONAL	<input type="checkbox"/> LADIES TRADITIONAL	<input type="checkbox"/> LADIES
<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS JINGLE	<input type="checkbox"/> GIRLS JINGLE	<input type="checkbox"/> LADIES JINGLE	<input type="checkbox"/> MEN
<input type="checkbox"/> GIRLS JIGGING	<input type="checkbox"/> GIRLS FANCY	<input type="checkbox"/> GIRLS FANCY	<input type="checkbox"/> LADIES FANCY	<input type="checkbox"/> LADIES JIGGING
<input type="checkbox"/> BOYS JIGGING	<input type="checkbox"/> GIRLS OTHER	<input type="checkbox"/> GIRLS OTHER	<input type="checkbox"/> LADIES OTHER	<input type="checkbox"/> MEN JIGGING
	<input type="checkbox"/> GIRLS JIGGING	<input type="checkbox"/> GIRLS JIGGING	<input type="checkbox"/> LADIES JIGGING	
	<input type="checkbox"/> BOYS TRADITIONAL	<input type="checkbox"/> BOYS TRADITIONAL	<input type="checkbox"/> MENS TRADITIONAL	
	<input type="checkbox"/> BOYS CHICKEN	<input type="checkbox"/> BOYS CHICKEN	<input type="checkbox"/> MENS CHICKEN	
	<input type="checkbox"/> BOYS GRASS	<input type="checkbox"/> BOYS GRASS	<input type="checkbox"/> MENS GRASS	
	<input type="checkbox"/> BOYS FANCY	<input type="checkbox"/> BOYS FANCY	<input type="checkbox"/> MENS FANCY	
	<input type="checkbox"/> BOYS OTHER	<input type="checkbox"/> BOYS OTHER	<input type="checkbox"/> MENS OTHER	
	<input type="checkbox"/> BOYS JIGGING	<input type="checkbox"/> BOYS JIGGING	<input type="checkbox"/> MENS JIGGING	

GRADUATION POWWOW DRUM REGISTRATION

PLEASE PRINT CLEARLY

LEAD SINGER INFORMATION (Needed for payout)

LASTNAME:			
FIRST NAME:			
DATE OF BIRTH:	MM/DD/YY	Social Ins. Number: *mandatory for 16+ years old	
CELL PHONE:			
MAILING ADDRESS:			
CITY/TOWN/PROVINCE/ POSTAL CODE:			
EMAIL ADDRESS:			
BAND/COMMUNITY:			

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SIGNATURE: _____ DATE: _____

 AGE GROUP: YOUTH DRUM GROUP ADULT DRUM GROUP

DRUM GROUP NAME: _____

NAMES OF SINGERS (minimum of 5 - maximum of 12)
