



Cultural Department Traditional Arts Application

Applicant Information

Class Name:			Month/Year:		
Last Name:		First Name:	Middle Name:		Jr., II, etc.
Address:					
Phone:			Email:		
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>		Age:			
<input type="checkbox"/> Tribal Member	<input type="checkbox"/> First Generation Tribal Member	<input type="checkbox"/> Tribal Employee		<input type="checkbox"/> Other Tribe	
Roll #: _____	(Letter must be submitted)				
Do you have any health issues or allergies? NO <input type="checkbox"/> YES <input type="checkbox"/>					
If yes, please explain your condition:					
Do you have any special needs, such as; wheel chair access, etc.? NO <input type="checkbox"/> YES <input type="checkbox"/>					
If yes, please explain your condition:					
Have you participated in any Traditional Arts class(s) before? NO <input type="checkbox"/> YES <input type="checkbox"/>					
If yes please list the class(s).					

Emergency Contact

Name:		Relationship to Applicant:	
Phone:		Email:	
Name:		Relationship to Applicant:	
Phone:		Email:	

Applicant Signature

Date

For Cultural Staff Use Only:

<input type="checkbox"/> Enrolled <input type="checkbox"/> Not Enrolled <u>Correspondence Received:</u> <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax	<u>Confirmed:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Received by:</u>
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