

Native Youth Wellness Warrior Camp - June 24 - 27, 2019 - Registration Form

Registration Fee: \$375

Registration fee includes camping, all meals, training sessions, activities and all special events. One adult chaperone per 5 youth will be asked to attend and pay the registration fee.

Select your chosen lodging. If you are planning on staying at the hotel you will need to contact the hotel to make reservations and payment. If camping please select your lodging preference.

Lodging Hotel **Camping** Bringing Own Tent Tent or Tipi Provided by NWI

Tribe/School: _____
 Contact Name: _____
 Mailing address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Fax: _____ Email: _____

(If you have more participants than the space below provides, please use multiple registrations forms or register online on our website at www.nativewellness.com)

Chaperone Name: _____	M _____	F _____
Chaperone Name: _____	M _____	F _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____
Student Name: _____	M _____	F _____ Age _____

Please register me for the Native Youth Wellness Warrior Camp:

- Enclosed is a check, money order or purchase order for \$375 per youth and per chaperone.
- I will pay \$375 by Visa or Mastercard (circle one) per youth and per chaperone.

Card holder's name: _____
 VISA / MASTERCARD (circle one) Card Number: _____
 Exp. Date: _____ Security Code: _____ Signature: _____
 Address: _____ Billing Phone Number: _____
 City: _____ State: _____ Zip: _____ Email address: _____

**Please mail payments to:
 Native Wellness Institute
 112 E. Pinedirosa Rd.
 Union, WA 98592**

- 3 Easy Ways to Register:**
- **By fax**
360-877-4051
 - **By mail (note new address)**
112 E. Pinedirosa Rd.
Union, WA 98592
 - **Online at www.NativeWellness.com**



For more information:
 Shannon Kissinger
 Project Director
 Call or Text: 503-457-6520
info@nativewellness.com

If registering by fax, please include copy of check or purchase order.

Cancellation / No-show Policy:
 Registrants who are unable to attend may send a replacement participant at no additional charge. Please provide us with the name of the replacement before the training. If a participant is unable to attend and no cancellation is made prior to the training or replacement is made, the **FULL** amount of registration will be charged as a no-show fee.

Photo and Video
 By registering I grant to the Native Wellness Institute, its representatives and employees the right to take photographs and/or video of me and my property in connection with the above-identified subject. I authorize the Native Wellness Institute, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Native Wellness Institute may use such image(s) of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.