

28th ANNUAL MICHIGAN INDIAN FAMILY OLYMPICS

Friday, July 17, 2015—Shepherd High School—100 E Hall Street, Shepherd, MI 48883

Registration Form

Registration Fee: \$10.00 per person for ages 5-54

This event is open to all Native Americans and their family members who reside in the state of Michigan

**This is an Alcohol, Tobacco and Other Drugs Free Event*

FIRST NAME (PLEASE WRITE IN UPPER CASE LETTERING)												GENDER			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MALE	FEMALE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LAST NAME															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADDRESS _____				CITY _____				ZIP _____							
AGE GROUP (PLEASE "X") EXAMPLE: (1-2)															
Baby		(1-2)		(3-4)		(5-6)		(7-9)		(10-12)		(13-15)			
(16-18)		(19-24)		(25-32)		(33-40)		(41-54)		(55-64)		(65&Up)			
TRIBE/ORGANIZATION (PLEASE "X") EXAMPLE: AIS															
AIS (American Indian Services)				BMIC (Bay Mills Indian Community)				DU/NAIA (Det. Urban/Native American Indian Assoc.)							
CH (Chickhane)				GLT (Gun Lake Tribe)				GR (Grand River)							
GTB (Grand Traverse Band)				HIC (Hannahville Indian Community)				HP (Huron Potawatomi)							
IHFS (Indian Health and Family Services)				KBIC (Keweenaw Bay Indian Comm.)				LRB (Little River Band)							
LTBB (Little Traverse Bay Band)				MSCG (Muscogee)				PP (Pokagon Potawatomi)							
SCIT (Saginaw Chippewa Indian Tribe)				SSM (Sault Ste. Marie Tribe)				WI (Walpole Island)				OTHER _____			

Please accept my entry in the 2015 Michigan Indian Family Olympics. I hereby state that I have conditioned myself properly for the activities I will participate in. I waive any right that I have against the Family Olympics officials, Saginaw Chippewa Indian Tribe, and all the participating groups for damages or injuries occurred by my participation in the 2015 Michigan Indian Family Olympics.

SIGNATURE: _____
 (Must be signed by a parent or guardian if participant is under 18 years old) (Date)

PRE-REGISTRATION CAN BE DONE ONLINE AT:

<http://www.sagchip.org/MIFO/index.aspx>

*If you are sending this form to a team coordinator then they may do online registration for you.

By pre—registering, it will allow the registration process go much quicker on the day of the event.

For questions, please contact Jaden Harman, MIFO Event Coordinator @ (989) 775-4694