

S.I.Y.A.P. 2005 Registration Form

Name(s): _____

Tribe(s): _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone # _____

Emergency # _____

e-mail _____

| How much do these arts interest you? | | | |
|---|------|------|-----|
| (Mark the boxes): | lots | less | not |
| Acting | | | |
| Drawing/ Painting | | | |
| Writing | | | |
| Tech (Lights/ sound) | | | |
| Music | | | |
| Traditional drum, dance, etc. | | | |
| Other: | | | |
| Do you sing? | | | |
| Play instruments? | | | |
| What instruments? | | | |

To the parents: How can you help?

Carpool? Yes No

Bring food? Yes No

Volunteer during workshop? Yes No

Fundraising activities? Yes No

(over)