

Event Application

Chemehuevi Indian Tribe



Event Information

Name of Event	
Date of Event	

Contact Information

Name	
Street Address	
City/State/Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Tribal Affiliation and #	

Vendor Booth Types

Check the Appropriate Booth Type – Selling of Native Jewelry & Items MUST be authentic.

- | | |
|---|---|
| <input type="checkbox"/> FREE – Chemehuevi Tribal Member | <input type="checkbox"/> \$10.00 – Native Crafts |
| <input type="checkbox"/> FREE – Other Tribal Member | <input type="checkbox"/> \$10.00 – Native Jewelry (Authentic Only) |
| <input type="checkbox"/> FREE – Public Services (non-sales) | <input type="checkbox"/> \$25.00 – Food (Must provide Food Handlers Card) |

Vendor Booth – Additional Fees

Check the Appropriate Booth Type – Selling of Native Jewelry & Items MUST be authentic.

- | | |
|--|---|
| <input type="checkbox"/> \$5.00 - Electricity Only | <input type="checkbox"/> \$5.00 - Electric & Water |
| <input type="checkbox"/> \$5.00 – Water Only | <input type="checkbox"/> \$10.00 – Full Hook-up E/W/S |

Vendor Booth Information – (Complete Liability & Our Policy Sections)

Describe your booth: what you are selling, promoting, services, etc.

Vendor Booth Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a booth vendor, any misrepresentations made by me or staff during the event may result in exclusion from this event and any future events. Any payment(s) due must be submitted at time of application. There are no refunds (exception: event is full).

Name (printed)	
Signature	
Date	

Parade Entry

Select your category for parade entry:

- | | |
|--|--|
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Royalty |
| <input type="checkbox"/> Float | <input type="checkbox"/> Dancing Group |
| <input type="checkbox"/> Decorated Vehicle | <input type="checkbox"/> Singing Group |
| <input type="checkbox"/> School Representation | <input type="checkbox"/> Color Guards |
| <input type="checkbox"/> Association | <input type="checkbox"/> Other |

Parade Entry Information

Describe your entry (Attach additional sheets if necessary)

Parade Agreement and Signature – (Complete Liability & Our Policy Sections)

By submitting this application, I/we understand the theme, guidelines and entry number for this event will be sent to you/us immediately by your selected method of receivership.

Name (printed)	
Signature	
Date	
Receivership Method:	<input type="checkbox"/> Fax:
	<input type="checkbox"/> E-mail:
	<input type="checkbox"/> US Mail:

Volunteer Interests

Tell us in which areas you are interested in volunteering & **HOURS AVAILABLE** _____ **TO** _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Booth Assistant | <input type="checkbox"/> Activity Assistant | <input type="checkbox"/> Event Assistant |
| <input type="checkbox"/> Food Server | <input type="checkbox"/> Traffic Enforcement | <input type="checkbox"/> Information Services |
| <input type="checkbox"/> Deliveries (Runner) | <input type="checkbox"/> Security Enforcement | <input type="checkbox"/> Clean-up Crew |
| <input type="checkbox"/> Cook Assistant | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Other |

Volunteer Placement - Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Volunteer Agreement and Signature – (Complete Liability & Our Policy Sections)

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in terminating participation in this event and any future events.

Name (printed)	
Signature	
Date	

Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Special Needs/Requirements

Liability – **REQUIRED SIGNATURE**

.The Chemehuevi Indian Tribe and its staff, representatives, agents, are not responsible for any loss, damages, theft, accidents, injuries or liability issues that might arise by participating at this event. I/We shall indemnify, defend and hold harmless the Chemehuevi Indian Tribe its staff, representatives, agents, from any damages or injury to any person or to the property of any person, claims, demands, losses, liabilities, damages of any kind, and obligations pertaining to or arising out of or in connection with my/our activities and any agreements entered into by me/us in connection with this event under this agreement.

Signature	
Date	

Our Policy – **REQUIRED SIGNATURE**

It is the policy of the Chemehuevi Indian Tribe, to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Booth spaces are limited and are assigned on a first come first serve basis upon full payment. All payments due must be submitted with application by form of check or money order made payable to: **CHEMEHUEVI INDIAN TRIBE** and note in the memo: **THE EVENT NAME**.

Payments can be made by credit/debit card in person or over the phone by contacting the Chemehuevi Administration offices Monday-Friday during normal business hours at 760-858-4219.

Applications along with any payments due by mail send to:

Chemehuevi Indian Tribe
Attn: Event Coordinator
PO Box 1976
Havasu Lake, CA 92363

Application by e-mail submit to:

administrator@cit-nsn.gov or exec.sec@cit-nsn.gov

Applications and payments are accepted 1 week prior to event or when event is full which ever occurs first.

Refunds are only given when the event is solely booked, no exceptions.

I have read and understood the policies for this event and agree to comply with terms and conditions of which I have submitted this application.

Signature	
Date	

You will be notified upon receipt of application & full payment (vendor booths only). Make sure your contact information is correct. Thank you for your interest and enjoy the event.

DO NOT USE THIS SPACE - APPROVAL

Approved By	
Signature	
Date	

DO NOT USE THIS SPACE - ASSIGNMENT

Vendor Booth/Space Number	
Parade Entry/Number	
Volunteer Placement	

DO NOT USE THIS SPACE - NEEDS/OTHER REQUIREMENTS

Special Needs
Other