

THE CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER

Native Youth Ambassadors Through Theater Application

Please return completed form to Scott Anderton by June 18, 2012. Availability is first come, first serve, so please apply as soon as possible to 5250 Aero Drive, Santa Rosa, CA 95403, or email scotto@nijc.org or fax us at (707) 579-9019. We are looking forward to your participation!

| Name | |
|----------------------------------------------------------------------------|--|
| Age | |
| Grade | |
| | |
| | |
| Contact Information: | |
| Phone Number | |
| Email | |
| Address | |
| | |
| | |
| Parent/Guardian Contact Information: | |
| Phone Number | |
| Email | |
| Address | |
| Signature | |
| | |
| XX71 4 7D *1 | |
| What Tribe are you affiliated with? | |
| | |
| Why are you interested in the Tribal Ambassadors Through Theater project? | |
| why are you merested in the 111bar Ambassadors 1111bag in theater project. | |
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e-mail us at cimandcc@aol.com
or visit our Website at www.cimcc.org



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EMERGENCY AND MEDICAL INFORMATION This section must be complete including parent/guardian signature in order to be registered.

| Mother's Name | Work # | Home # | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Father's Name | Work # | Home # | |
| Designated Responsible Adult | other than parents: | | |
| Relationship to Child | Phon | e # | |
| Name of Child's Health Plan_ | | Membership # | |
| Family Physician | Pho: | ne # | |
| Special Needs or physical cond If yes, please explain | | | |
| Medical problems, including all If yes, please explain | | | |
| and Cultural Center to take my Hospital for treatment and eme | child either to the above name rgency measures deemed nece be responsible for costs to re | member of the California Indian Ned physician or the nearest Emerge ssary for the safety and protection pair and CIMCC equipment darvior. | ency of my |
| Signature of Parent or Legal C | Guardian | Date | |
| | child may be used on our broo | formation to their other residence. There are web site. No names will be the box | |
| | | | |

california Indian Museum at: (707) 579-3004, e-mail us at cimandcc@aol.com or visit our Website at www.cimcc.org