



**KIASHKE ZAAGING  
ANISHINAABEK**

**KZA 2016 Pow Wow  
VENDOR  
REGISTRATION FORM**

|   |  |               |  |
|---|--|---------------|--|
| LAST NAME   |  | FIRST NAME    |  |
| MAIL ADDRESS  |  | Email Address |  |
| PHONE - HOME#   |  | WORK #        |  |
| GROUP NAME  |  |               |  |
| <input type="checkbox"/> Camping or Overnight Accommodations Required | Groups not camping but requiring overnight accommodation will be housed in the Teacherage. Limited space available |               |  |

Have you been a to a KZA Pow Wow before?  YES  NO

Please list the Six Members of this Drum who will be participating:

- |    |    |    |
|----|----|----|
| 1) | 2) | 3) |
| 4) | 5) | 6) |

Please check the boxes for below of Pow Wow Feasts which you will attend.

| Friday, August 19                               | Saturday, August 20                        | Sunday, August 21                          |
|---|--|--|
| <input type="checkbox"/> 4:30 Barbeque & Set Up | <input type="checkbox"/> 9:00 am Breakfast | <input type="checkbox"/> 9:30 am Breakfast |
|   | <input type="checkbox"/> 11:00 am Lunch    |  |
|   | <input type="checkbox"/> 4:30 pm Supper    |  |

Please give description and introduction of your Drum Group for Arena Director and Master of Ceremonies:

Personal information on this form is considered confidential, and will be used to maintain a record of individual vendor activities. Your signature authorizes the use of photos, videos and other images of yourself to be used for promotional purposes. To disallow use of those images, please cross out the above line and initial here

DATE

SIGNATURE

PARENT/GUARDIAN SIGNATURE (If Under 18)