



**KIASHKE ZAAGING  
ANISHINAABEK**

**KZA 2016 Pow Wow  
VENDOR  
REGISTRATION FORM**

LAST NAME		FIRST NAME	
MAIL ADDRESS		Space Required	____' X ____'
PHONE - HOME#		WORK #	
BUSINESS NAME OR PRODUCT			
<input type="checkbox"/> Camping Overnight <input type="checkbox"/> Saturday Only	<b>Vendor Details (Must provide own power source &amp; all operational needs)</b> <input type="checkbox"/> Pop Up Tent Size <input type="checkbox"/> Table & Chair only <input type="checkbox"/> Self Enclosed Trailer/Truck		
Have you been a vendor for a KZA Pow Wow before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please list the staff or volunteers who will be on site to assist you. (If Applicable)			
1)	2)	3)	
Please check the boxes for the operation hours of Pow Wow which you are available to be on site as a vendor.			
<b>Friday, August 19</b>	<b>Saturday, August 20</b>	<b>Sunday, August 21</b>	
<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		
	<input type="checkbox"/> 5:30 pm Evening Program		
Please give diagram and required dimensions of your Vending Operation for map (use back of this page if more space is required. Miigwetch)			
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)	

**Scan and email to [arlenegking@gmail.com](mailto:arlenegking@gmail.com)  
or Fax to (807) 982-0009 Attn: Patsy Sutherland**