



**BAGANÉWNIKAN • TRIBAL POLICE**

**2019 TRADITIONAL POW WOW VENDOR REGISTRATION**

*June 22-23, 2019 with setup beginning at Noon on June 21, 2019*

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

DBA (doing business as): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***You must be present for the entire weekend.  
Please complete back for any additional person(s) working in your booth.***

Telephone: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Type of Sales (Merchandise Description): \_\_\_\_\_

Food (Attach Menu)

*Sites are approximately 20 x 30 which may vary slightly in size dependent upon location around the Pow Wow Circle.*

Power Source:  Tribe's electric  Vendor's generator  No power needed

Fee: The fee for a vendor space is \$75 for the weekend, which includes the feast on Saturday afternoon. *Please include \$75 check or money order payable to NHBP. Application will not be processed without fee.*

Disclaimer: The Tribe reserves all rights to suspend or revoke your vendor privilege. Under no circumstances shall the Tribe (NHBP), its employees, agents, representatives be held responsible for any lost, stolen, accidents or property damaged. The vendor and its employees agree to comply with all rules and laws in accordance with the NHBP. Please mail to:

1485 Mno-Bmadzewen Way  
Fulton, MI 49052 **OR** Fax to: 269-704-8582 **OR** Email to: [rburlingham@nhbpi.com](mailto:rburlingham@nhbpi.com)  
Attn: Robyn Burlingham

Signature: \_\_\_\_\_  
Vendor Owner \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Please also complete and sign Photo/Video Release on reverse side\*\*\***

**Office Use Only:**  Approved  Declined  Pending

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

*"In an effort to protect the community, the Nottawaseppi Huron Band of the Potawatomi has enacted a Sex Offender Registration and Notification Code (SORNA), pursuant to Title I of Public Law 109-248. To ensure that Sex Offenders comply with the SORNA, the Tribal Police shall conduct record checks on those individuals who work, live or go to school on Tribal Lands, including those who may be camping temporarily and any vendors selling or providing services on Tribal lands."*

*"If you sell any items that can be used as a weapon (such as a slingshot) you could be held responsible for any damages caused by item (financially and civil charges)."*

## PHOTO/VIDEO RELEASE

I hereby grant the Nottawaseppi Huron Band of the Potawatomi permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Nottawaseppi Huron Band of the Potawatomi and will not be returned. I hereby irrevocably authorize the Nottawaseppi Huron Band of the Potawatomi to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing the Nottawaseppi Huron Band of the Potawatomi programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Nottawaseppi Huron Band of the Potawatomi from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Additional Person(s) In Booth if applicable:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_