



2024 TRADITIONAL POW WOW VENDOR REGISTRATION

June 22-23, 2024 with setup beginning at Noon on June 21, 2024

Full Name: _____ Date of Birth _____

DBA (doing business as): _____

Address: _____ City _____ State _____ Zip _____

**You must be present for the entire day.
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: No fee for this year. Gift donations are welcomed.
One vehicle allowed per vendor site. Additional vehicles are requested to be moved to outside lot no later than 10am on 6/22/24.

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: bianca.beerman@nhbp-nsn.gov
Attn: Bianca Beerman

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.

Printed Name

Date

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.

Parent/Guardian's Signature

Date

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: _____