

2008 Montana Two Spirit Gathering | September 11 - 14
REGISTRATION FORM (Confidentiality Ensured)

Return to: FDH & Associates
P.O. Box 7984
Missoula, MT 59807
406.829.8075
406.829.8076 (fax)
E-mail: fdh@mtgayhealth.org

If you are interested in a Scholarship for this Gathering, please contact FDH & Associates.
(A limited number of scholarships are available. Elders, youth, transgender, women, or disabled persons are encouraged to apply! Up to 25 scholarships are available to Montana residents)

First Name: _____ Last Name: _____
(Please Print) (Please Print)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

Are you Native American? YES ___ NO ___

If YES, what is your tribal affiliation? _____

If NO, what native person attending the gathering is sponsoring you? _____
(Non-native spouses are WELCOME)

Are you an Elder? YES ___ NO ___

Are you a Youth (18 - 25)? YES ___ NO ___

Circle the Native American skills that you have or are interested in:

Drum Powwow Songs Stomp Traditional Chef Crafts
Hand Games Other (please specify): _____

Do you have any special skills or abilities to contribute? YES ___ NO ___

If YES, please list: _____

Will you be performing in the Talent Show? YES ___ NO ___

Will you be assisting with the Traditional Meal? YES ___ NO ___

Do you have any medical or dietary restrictions? YES ___ NO ___

If YES, please explain: _____

Emergency Contact | Name: _____ Phone Number: (____) _____

Where will you be staying? RV ___ Tent ___ Semi-Private Cabin* ___

and will arrive on _____ and depart on _____

I, the undersigned, understand and agree to release the Montana Two Spirit Society, FDH & Associates, their members and officers, designated assistants, other attendees, affiliated groups and persons, and all Tamaracks Resort personnel from any and all liability including all degrees of physical and/or mental injury, property damage, loss, or theft that may be incurred as a result of my attendance at the Montana Two Spirit Gathering. I understand and accept that attendance is purely at my own risk. I agree to the strict no drug or alcohol rule and realize that I may be asked to leave if I violate this policy. I understand that local, state or national media outlets may be present during the Gathering and that my name or contact information will not be given to reporters unless authorized by me. I have filled out this form fully and completely to the best of my knowledge.

The Montana Two Spirit Society requests that a suggested donation of \$25 - \$150 to help cover expenses be included with your application. Donations must be either check or money order and made out to FDH & Associates. A limited number of work scholarships are available. Elders, youth and women are encouraged to apply for scholarships.

Signature: _____ Date: _____

* Note: FDH & Associates will assign cabins based on availability.

To cover my cost for lodging and meals, I will be sending a check/money order in the amount of: _____