



Heart of America Indian Center
600 West 39th Street,
Kansas City, Mo 64111
(816) 421-7608

WWW.HAICIndian.com

American Indian Culture Camp Application 2010

Name: _____ Age: _____ Gender: Male Female

Preferred Name _____ Tribe(s) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ County: _____

Parent/Guardian Name(s): _____

Street Address: (same as child) _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): H _____ W _____ C _____

Person to Notify if Parent(s)/Guardian(s) cannot be reached:

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Camp Fee \$10.00 Must Accompany Application Cash _____ Check _____ Money Order _____

Additional Person(s) authorized to pick up child and their relation to child:

Name	Relation	Name	Relation

Name	Relation	Name	Relation

T-Shirt Size Requested (check one):

Child Sizes: Small Medium Large

Adult Sizes: Small Medium Large XL XXL XXXL

As parent of the above child, I have read and understand the policies of HAIC's American Indian Culture Camp and in signing this form, agree to said policies.

Parent/Guardian Signature

Date