



2020 Carolinas Indian Seminar Group Registration Form

Name of Your Group – Include Lodge number if applicable

Adult Leaders: Two-deep gender appropriate leadership is required. Leaders are responsible for Tour Permits and Medical Forms/Releases. Leaders are responsible for the conduct of their group at all times.

Leaders' Name	Sex	Email Address	Mailing Address	City, State & Zip	Phone No.
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Participants Name	Youth or Adult	Sex	Participants Name	Youth or Adult	Sex
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List additional participants on the back of this sheet. Please make copies of this sheet if needed.

Please supply the following information:

Number of MALES needing accommodations at Mitchell Community College: _____

Number of FEMALES needing accommodations at Mitchell Community College: _____

Number of members staying in area motels = _____

Write in number of members eating each meal: Saturday Breakfast _____ Lunch _____ Supper _____ and Sunday Breakfast _____ (This is an effort to reduce waste and keep costs down.)

We have special meal needs (please circle yes or no) NO YES (If yes, please list details on back)

We request vendor space (please circle yes or no) NO YES

We need handicap considerations (please circle yes or no) NO YES (If yes, please list details on back)

_____ FULL Participants	x \$40.00 =	_____
_____ Saturday only Participants	x \$24.00 =	_____
_____ Saturday w/lunch Participants	x \$30.00 =	_____
_____ Powwow only (after 5:00 PM)	x \$ 5.00 =	_____
TOTAL AMOUNT ENCLOSED	\$	_____

Please make check or money order payable to:
Eswau Huppeday Lodge

Mail to:
Eswau Huppeday Lodge
C/O Abbie Teeple
583 Conley Road
Morganton, NC 28655

Postmark by January 14th, 2020

Contact us if you would like to pay with credit card

For additional information:

Contact Abbie Teeple at 828-443-5268

Or carolinaindianseminar@gmail.com

REGISTRATION IS TRANSFERABLE BUT NOT REFUNDABLE.

Participants	Youth or Adult	Sex
Name		

[illegible]

Participants	Youth or	
Name	Adult	Sex

[illegible]