THE V*STARS

PUBLIC SAFETY & NATIVE WELLNESS CONFERENCE

April 18, 2011

8:30am-7pm

Viejas Reservation

CHAPERONE REGISTRATION FORM:

Chaperone Name: _____ **Age:** _____

Mobile # (_____) _____ **Address:** _____

_____

Tribal Affiliation: _____ **School:** _____

Group: _____ **# of Students in party:** _____

ATTENDEE (First & Last Name)	STUDENT (Please check)	PARENT/ADULT (Please check)	GRADE	PARENTAL WAIVER SIGNED

All chaperones must pre-register by 3/28/11 to be entered in the raffle

Chaperone Signature: _____ Date: _____/_____/_____

Fax form to (619) 659-9377 or email to bmontero@viejas.com