



# • Quileute Tribe •

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## ADULT SPORTS AND WELLNESS ASSISTANCE FORM

Date Request Submitted: \_\_\_\_\_

Name of Tribal Member Requesting Assistance: \_\_\_\_\_

Enrollment #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  (\*Attach Copy of CIB)

Contact Number of Tribal Member: \_\_\_\_\_

Name of Organization/Event: \_\_\_\_\_

Address of Event/Organization: \_\_\_\_\_

Contact Person/Phone Number of Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_ W9 Completed Y \_\_\_\_\_ N \_\_\_\_\_

Amount of Funds Requested: \$ \_\_\_\_\_

***Request will not be accepted if not all documentation is not attached.***

**By signing this form, I verify that I have read the Adult Sports and Wellness Policy and Procedures and will follow all the set rules in this policy. Failure to do so could result in a ban from future use of this and or other policies approved by the Quileute Tribal Council.**

Tribal Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

#### ACTION:

Approved  Denied Amount Approved: \_\_\_\_\_

If denied, why: \_\_\_\_\_

Approved By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_