



1<sup>st</sup> Annual NorthEast Two-Spirit Society Gathering  
Registration Form  
(Confidentiality Ensured)

Northeast Two-Spirit Society

Return Completed Form to:  
Harlan Pruden  
33 Indian Road, #4N  
New York, NY 10034

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you Native American? Yes  No

If YES, what is your Nation and/or tribal affiliation? \_\_\_\_\_

If NO, what Native person attending the gathering is sponsoring you? \_\_\_\_\_

Circle the activities you are interested in:

Drumming, Pow-wow songs, Traditional meal preparation, Crafts, Hand Games or

Other: \_\_\_\_\_

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 Information:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Where will you be staying? Public Cabin  Tent  RV

I will arrive at the camp on \_\_\_\_\_ and depart on \_\_\_\_\_

Date

Date

The NorthEast Two-Spirit Society requests that a suggested donation of \$20.00 to help cover expense be included with your application. Donations may be either check or money order and must be made out to **American Indian Community House**. Please note: the memo line must read "NE2SS Retreat Donation"

I, the undersigned, do understand and agree to release the NorthEast Two-Spirit Society, Inc. and/or the American Indian Community House, Inc., their members, officers, designated assistants, other attendees, affiliated groups and persons, and all the Camp deWolf personnel and representatives 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. I understand and accept that attendance is purely at my own risk. I agree to be bound to the strict no drug or alcohol rule and realize that I may be asked to leave if I violate that policy. I have filled out this form and completely to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_