

## TINY TOTS (AGE 1-6) DANCER REGISTRATION

NUMBER \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Tribe \_\_\_\_\_  
Social Security # \_\_\_\_\_

I authorize the use of any audio and video recordings or photographs made of myself or my children (if under the age of 18) and release of all rights and privileges to the Ann Arbor Pow Wow Committee. I understand that these photos and recordings may be used for promotional, fundraising, and/or educational purposes by the University of Michigan and the Ann Arbor Pow Wow Committee.

\_\_\_\_\_  
(parents must sign for children under the age of 18) SIGNATURE

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