



**27th Annual
World Championship Hoop Dance Contest**

Saturday & Sunday – February 11 & 12, 2017

Heard Museum Amphitheater

Phoenix, Arizona

Registration Form

Division Category _____ **Age** _____

Name: _____

Address: _____

City: _____

State/Province: _____ ZIP or Postal Code _____

Phone: _____ email: _____

Tribal Affiliation: _____

Enrollment Number: _____

Reserve or Status Number: _____

MEDIA RELEASE

_____ I authorize the Heard Museum and parties designated, use of photographs, video footage, interviews or materials acquired during the 27th Annual World Championship Hoop Dance Contest February 11 & 12, 2017. It is my understanding that original photographs, video footage, and materials will become property of the Heard Museum. Furthermore, I grant media, private individuals' permission to use the materials for educational, promotional purposes, and home use.

Signature: _____ Date _____

***Please send registration form back to: The Heard Museum, Attn:
EDUCATION, 2301 N. Central Ave., Phoenix, Arizona 85004***

PROOF OF TRIBAL ENROLLMENT REQUIRED

If this is your first contest, please submit. If you've provided it before for competition, we have it on file.

BIOGRAPHICAL INFORMATION QUESTIONNAIRE

Please take a few minutes to complete the questions below. This will provide the emcee with necessary information to present to the audience regarding you and your art form during the Final Round.

NAME:

TRIBAL AFFILIATION:

HOMETOWN:

AGE:

SCHOOLS ATTENDED:

IF COLLEGE, AREA OF STUDY:

HOBBIES:

WHAT TYPES OF HOOPS DO YOU DANCE WITH: CANE OR PLASTIC?

SPECIAL INTERESTS:

TITLES WON: