



Name: _____

Address: _____

Telephone: _____ - _____ - _____ Cell [] Home [] Work []

Emergency Contact Person: _____

Emergency Contact Person Number: _____ - _____ - _____

SHIRT SIZE M [] L [] XL []

I, _____, do not hold the Comanche Nation liable for any injuries that may occur during my participation in the Comanche Nation Injury Prevention Spirit Ride.

For more Information at
www.comanchenationfair.com

OR

Bonita Paddyaker 580-492-3343 bonitap@comanchenation.com

580-492-3344

ON SITE REGISTRATION: 7:00 AM, ON September 16, 2017

At the Comanche Nation Complex Powwow Grounds 584 NW Bingo Rd. Lawton Ok. 73502

SEND APPLICATION AND PAYMENT TO:

Bonita Paddyaker
c/o Comanche Nation Injury Prevention
P.O. box 908
Lawton, Ok. 73502

ALL MONEY ORDRER OR CASHIES'S CHECK PAYABLE TO COMANCHE NATION FAIR BOARD

FOR STAFF USE ONLY:

DATE RECEIVED: _____ PAYMENT RECEIVED: _____