



Center for American
Indian Economic
Development

CENTER FOR AMERICAN INDIAN ECONOMIC DEVELOPMENT (NAU CAIED)

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APPLICATION OF INTENT

Please print clearly or type

Participant Full Name:		Date:		
Participant Mailing Address (City/State/Zip):				
Phone number:		Gender:	F	M
E-mail:		Age:		
Tribal Affiliation (s):				
Name of School Attending:		Grade:		

TEAM INFORMATION

Team Name:				
List of Team Members:	1)	2)		
	3)	4)		
Sponsor's Name:				
Business Name or Concept:				

Mail, Email or Fax this page 1 of 2 to NAU CAIED or NN SBDD
(Contact information located in top right corner)

Description (optional):	
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AGREEMENT

I agree that the above information is correct to the best of my knowledge. I understand that my sponsor will be notified on the status through my email and/or by phone. If accepted, I agree to attend and participate fully in all trainings and presentation of the competition. I will follow the competition guidelines and official rules.

Participant Signature	Date:
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For students under 18 years of age, parent signature required. I agree to allow my son/daughter to apply and participate.

Parent Signature	Date:
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Sponsor's Signature	Date:
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