

# Chehalis Tribe Minors (Ages 17 and under) Application – Must be turned in by August 26<sup>th</sup>, 2020

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Enrollment Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Custody or parenting plan in place? YES  NO  *If yes, please attach documentation*

Foster care or guardianship in place? YES  NO  *If yes, please attach documentation*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to Cheryle Starr or Philip Youckton at the Chehalis Tribe Community Center or:

By mail: Chehalis Tribe  
ATTN: Events Department  
PO Box 536  
Oakville, WA 98568

Or email us: Cheryle Starr [cstarr@chehalis-tribe.org](mailto:cstarr@chehalis-tribe.org)  
Philip Youckton [pyouckton@chehalis-tribe.org](mailto:pyouckton@chehalis-tribe.org)