



**Branches of Native Development**  
 20 Kenilworth Avenue North  
 Hamilton Ontario L8H 4R3  
 Ph.289-389-2076 F.289-389-2094  
[www.branchesofnatedevelopment.com](http://www.branchesofnatedevelopment.com)

**National Aboriginal Day Celebrations**

**DANCER REGISTRATION**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>Dance Category</b>	
<b>Age Group</b>	<input type="checkbox"/> 18+ <input type="checkbox"/> 13 - 17 <input type="checkbox"/> 6 - 12 <input type="checkbox"/> 5 and Under
<b>Days Registered</b>	<input type="checkbox"/> Saturday <b>only check the day of registration</b> <input type="checkbox"/> Sunday

**\*\* We would appreciate you remaining in your regalia to receive your honorarium. Many Thanks! \*\***  
**\*This is a Drug and Alcohol Free Event. Please Respect.\***

**MEDIA RELEASE CONSENT**

- I authorize** the use of any video/audio recordings or photography made of me or my children by Branches of Native Development (and its organizational affiliates), and the release of all rights and privileges to Branches of Native Development (and its organizational affiliates). I understand that these photos and recordings may be used for promotions, fundraising, and / or educational purposes by Branches of Native Development (and its organizational affiliates).
- I do not authorize** the use of any video/audio recordings or photography made of me or my children by Branches of Native Development (and its organizational affiliates), and the release of all rights and privileges to Branches of Native Development (and its organizational affiliates).

**HONRARIUM RECEIVED**      Date: \_\_\_\_\_      Dancer Signature: \_\_\_\_\_

**BESTOWED BY** \_\_\_\_\_      **Sign:** \_\_\_\_\_      **Amount:** \_\_\_\_\_  
 (BOND Representative)



**CONTACT**  
[Registration@branchesofnatedevelopment.com](mailto:Registration@branchesofnatedevelopment.com)  
 For more information