

Nisqually Tribe Adult Recreation Application

It is the responsibility of the applicant to fill out the application accurately and thoroughly to the best of their knowledge. It is the responsibility of the applicant to verify Nisqually Indian Tribe enrollment through the Enrollment department. The applicant is responsible for ensuring that the funds approved by Financial Services are used in accordance with the application's stated purpose.

The intent of Adult Recreation services is to aid tribal member adults with monetary assistance, up to \$500 annually, for the following:

1. Participation in an organized adult sports team.
2. Entry into an adult sports tournament.
3. Other sports activities.

Please note:

When entering a team that includes non-Nisqually Tribal members the entry fee will be divided by the total number of individuals on the team. Non-tribal members will be responsible for their share of the entry fee.
Any costs over the approved funding amount will be the responsibility of the applicant.

Check process:

Provide two week notice to process checks

Attach with application: the tournament flyer, league flyer, or registration that states the cost and date of the event.

- **Please Note: Funds will be distributed on a "first come, first served" basis.**

Reimbursement of funds:

Reimbursements of league/tournament fees that have been paid out of pocket can be submitted within 30 calendar days of the activity with a receipt from vendor and a flyer notice of event with date and cost.

Please note this program will only reimburse the amount for Nisqually Tribal member.

Repayment of funds:

If applicant/participants relinquishes participation in the sports activity and payment has been made to the vendor, the applicant/participants will either;

1. Seek reimbursement from the vendor and return it to the tribe; or
2. Repay the Tribe the amount of assistance issued to the vendor.

If applicant/participant does not seek reimbursement or pay back the tribe for non-participation after the funds have been disbursed to the vendor, the applicant will not receive a credit on their Adult Recreation allocation.

Failure to Comply:

If it discovered that an Applicant had falsified his/her application or otherwise abused the program, the applicant will be subject to penalties including ineligibility to participate in the program for one (1) year and repayment of the amount received or garnishment of the amount out of his/her per capita distribution.

Applicant name (print): _____

Applicant Signature: _____ Date: _____

Financial Services ONLY	
Approved:	Denied:
Date:	
Comments:	
Approval Signature:	Date:

Enrollment Verification:



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Please complete the application to ensure timely payment.

Name:		Date:	
Address:			
Email address:		Phone:	
Have you used this program this year? Yes ☐ No ☐			
Select the activity you are applying for:			
() Organized sports team:		() Sports tournament:	
() Other activities please identify:			
() Reimbursement: please attach receipt and flyer notice			
Amount Requesting:			
Tournament Fee:			
League Fee:			
Other Activities:		Is this a reoccurring fee?	Yes ☐ No ☐
If it is a reoccurring fee please explain:			
League/Other			
Activities Information:			
Name of organization/vendor:			
Contact person:		Contact number:	
Address of organization:			
Tournament			
Coaches Name:		Team Name:	
Name of Tournament:			
Coordinator/Contact Name		Number:	
Dates of Tournament:			
No one may sign-up another Nisqually Tribal Member without their consent.			
Name of team members:			
Print Name		Signature	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			