

## **OFFICIAL APPLICATION**

First Name:	Last Name:		
Date of Birth:	Age:	Dancing Category:	
Status Number:			
Address:			
Phone Number:			
Email address:			
Mother/Guardian Full Name:			
Father/Guardian Full Name:			
essay for an article that will appe media sites. If crowned Miss Pass Pow Wow Committee permission crowned. I understand that photo-	ar in the Pasqua First N qua First Nation Senion to take a photo of my s of me as Miss Pasqua tions related to Pasqua I	ASE ermission to use the information from repartment of Nation Newsletter, website or on social or Princess, I give Pasqua First Nation or immediate family and myself after I at a First Nation Senior Princess may be First Nation, the annual Pasqua First	1
Applicants Signature:		Date:	
Applicants Printed Name:			
Parent/Guardian Signature:		Date:	
Parent/Guardian Printed Name: _			

Submit complete application to: Pasqua FN Pow Wow Committee PO Box 79

Pasqua First Nation, SK. SOG 5M0

Or Fax Complete Applications to: (306) 332-5199