
Scotts Valley Band of Pomo Indians

Adult Activities Incentive Sign-up Form

Alcohol and Drug Prevention Program

Working for a drug-free community

Personal Information:

Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

Previous Activity Information:

Have you participated in a different activity this year? Yes _____ No _____

If yes, when? _____

where? _____

what? _____

Current Requested Activity Information:

Activity (ie: baseball etc): _____ Start Date: _____

Organization's Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Telephone Number: _____

Any Additional Information: _____

REQUIRED: A flier for the requested activity **MUST** be attached to this form.

Adult Activity Expenses:

Registration Costs: \$ _____ Shoes: \$ _____

If activity has been paid for, costs and proof of payment is required to be submitted with this form.

Signature: _____ Date: _____