

Celebration 2006

Juneau, Alaska

June 1-3, 2006

Reflections of Our Ancestors in the Faces of Our Children

Haa Shagóon yahaayí haa yátx'i yaanáx yoot kaḵdagaan

Ggan-oo'dsin hlaa-gi-gyad da na 'dsal 'guba-tguu-hlgm

Haida goes here

Canoe Team Registration

CANOE TEAM NAME:	
ENGLISH TRANSLATION OF CANOE TEAM NAME:	
NAME OF TEAM CAPTAIN:	(OPTIONAL) ADDITIONAL CONTACT PERSON:
CONTACT ADDRESS:	2 ND CONTACT ADDRESS:
DAYTIME PHONE NUMBER:	2 ND DAYTIME PHONE NUMBER:
FAX NUMBER:	2 ND FAX NUMBER:
LOCAL CONTACT NUMBER: (DURING CELEBRATION)	2 ND LOCAL CONTACT NUMBER: (DURING CELEBRATION)
E-MAIL ADDRESS:	2 ND E-MAIL ADDRESS:
DATE/YEAR TEAM ORGANIZED:	TYPE OF TEAM: YOUTH <input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S <input type="checkbox"/> COED <input type="checkbox"/>
FREQUENCY OF PRACTICES: (WEEKLY, MONTHLY, ETC)	
NUMBER OF REGULAR TEAM MEMBERS:	
DOES YOUR TEAM HAVE A CANOE? YES <input type="checkbox"/> NO <input type="checkbox"/> CARVED <input type="checkbox"/> FIBERGLASS <input type="checkbox"/>	
WILL YOUR GROUP PARTICIPATE IN PARADE? YES <input type="checkbox"/> NO <input type="checkbox"/>	TRIBE: TLINGIT <input type="checkbox"/> HAIDA <input type="checkbox"/> TSIMSHIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> MIXED <input type="checkbox"/>
CLAN LEADER OR TRIBAL REPRESENTATIVE TO PARTICIPATE IN COMING ASHORE CEREMONY: NAME: _____ TRIBE: _____ CLAN: _____	
	AFFILIATION: TRADITIONAL CLAN _____ VILLAGE / KWÁAN _____ MIXED CLANS YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST ANY MAJOR CANOE EVENTS PARTICAPATED IN: _____	
CANOE TEAM DESCRIPTION: PLEASE ATTACH. Briefly describe your canoe team including information such as your purpose or mission statement, name and history of group, events participated in, awards received etc.	

