

## Nesika Illahee Pow-Wow News

### Apply Now for Siletz Royalty

The Pow-Wow Committee is now taking applications for this year's royalty contestants. The age categories are as follows:

Little Miss Siletz – 7 to 12  
Miss Siletz – 18 to 24  
Jr. Miss Siletz – 13 to 17

Young women interested in running in one of these categories should contact Craig Whitehead for an application.

The deadline to get applications to the Pow-Wow Committee is July 4, 2003. Any applications turned in between July 5 and July 15 will only be accepted with the approval of the Pow-Wow Committee. All applications turned in after July 15 will not be accepted for this year.

Contestants will be judged on their knowledge of tribal and family history, poise and personality, speaking

abilities, dance abilities in both the Feather Dance and Intertribal styles, and ticket sales. Each contestant will receive a commission on the number of tickets that she sells. Commission rates are as follows – 200 to 500 at 20 percent, 501 to 1,000 at 25 percent, and more than 1,000 at 30 percent.

The pageant is scheduled for Aug. 7, 2003, and the winners will be crowned before the first grand entry on Aug. 8. This year's royalty will be sponsored to attend the Gathering of Nations Pow-Wow and the Miss Siletz also will be sponsored to participate in the NCAI competition.

### Vendor Applications are Ready

Those who would like to receive a vendor's application for space at this year's Nesika Illahee Pow-Wow should contact Craig Whitehead.

The deadline to turn your applications in to the Pow-Wow Department is July 4, 2003.

### Dance Sponsors

The Pow-Wow Committee is currently looking for dance sponsors for this year's Nesika Illahee Pow-Wow.

When you sponsor a category, your name will be on the winner's envelope and will be read during the awarding of the prize money to the dancers.

Dance categories include both male/female traditional, fancy, grass, and jingle. You can sponsor, or co-sponsor with the committee, a category in your name, your family's name, or in memory of a loved one.

Contact Craig Whitehead to see what categories are available.

### Tipi Drawing

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Roll #: \_\_\_\_\_

For Siletz Tribal members to use during the Nesika Illahee Pow-Wow on Aug. 8-10, 2003. One entry per household, please. Deadline for entries is July 25, 2003; names will be drawn soon after. Return this form to Siletz Pow-Wow, Attn: Tipi, P.O. Box 549, Siletz, OR 97380-0549.

Please contact Craig Whitehead at 541-444-8230 or 1-800-922-1399, ext. 230, for information on any aspect of the pow-wow and Siletz Royalty.

### Death Benefit Beneficiary Designation Form

I, \_\_\_\_\_, hereby designate

1<sup>st</sup> Beneficiary (print full name): \_\_\_\_\_

Beneficiary's current address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Beneficiary's telephone number: \_\_\_\_\_

as my beneficiary for the tribal death benefit insurance (beneficiary must be at least 18 years of age).

Signature \_\_\_\_\_ Parent/guardian signature if minor \_\_\_\_\_

Roll No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if this is a change in beneficiary or beneficiary address.

(Optional)

2<sup>nd</sup> Beneficiary (print full name): \_\_\_\_\_

Beneficiary's current address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Beneficiary's telephone number: \_\_\_\_\_

The Enrollment Department is asking tribal members to fill out a death benefit beneficiary form if you don't have one on file. Please remember to designate someone over 18 years old.

If you have any questions, please call 1-800-922-1399, ext. 258, or 541-444-8258. Please return your completed form to: D.B. Insurance, CTSI, P.O. Box 549, Siletz, OR 97380-0549.

### Tribal Veterans

For future reference, Tribal Council has requested that Administration gather the following information from our tribal men and women who have served, or are currently serving, in the Armed Forces. If a family member would like to complete this information for a loved one who has passed on, please do so.

Name: \_\_\_\_\_

Tribal Roll No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

War or Conflict: \_\_\_\_\_

Living  Deceased

Name is engraved on the tribe's "Memorial To Our Veterans" – Yes  No

Deadline is June 30, 2003. Please return this form to:

Confederated Tribes of Siletz  
Indians of Oregon  
ATTN: Darlene Carkhuff  
P.O. Box 549  
Siletz, OR 97380  
1-800-922-1399, ext. 201 or  
541-444-8201  
Fax: 541-444-2307

