

## Mail in Your Pow-wow Vendor Forms

To all tribal members and Vendors:

If you are interested in having a vendor or food booth at the 1993 Grand Ronde Pow-wow, return the registration form below with your check or money order. You will receive a copy of the form and a receipt by return mail. Send the form and payment to:

ATTN: Dakota Whitecloud  
Confederated Tribes of Grand Ronde  
9615 Grand Ronde Rd.  
Grand Ronde, Oregon 97347

The Pow-wow Committee reserves the right to limit the number and type of vendors. No "phone in" or "at the gate" registrations will be accepted. All registrations must be made in advance. For more information, contact Dakota Whitecloud, 1-800-422-0232.

### ATTENTION!

Please watch the August newsletter for complete information on the following events: Sober Dance-August 20, 1993, Sixth Annual Fun Run/Walk-August 21, Volleyball Tourney-August 21, 1993, Horseshoe Tourney-August 21, 1993, and Softball Tourney-August 21, 1993. These events will be sponsored by the Tribal Health Program, Wellness Component, and the Confederated Tribes of Grand Ronde.

#### POW WOW REGISTRATION FORM AUGUST 20, 21, 22, 1993

NAME: _____	OFFICE USE ONLY
ADDRESS: _____	
CITY _____ STATE _____ ZIP _____	
PHONE: _____	
VENDOR TYPE	TOTAL REGISTRATION FEE ENCLOSED:
FOOD _____ CRAFT _____ OTHER _____	
SIZE OF UNIT (feet): _____	
REGISTRATION -- \$50 PER DAY PER SPACE (Make checks or money orders payable to "Pow Wow Committee")	
SATURDAY _____ SUNDAY _____ BOTH DAYS _____	

ABSOLUTELY NO TOYS -- ONE (1) LIGHT CORD PER UNIT ONLY  
-- NO WATER HOOK-UPS AVAILABLE -- No Pets

#### New Editorial Policy Letters From Our Readers

*Smoke Signals* is a publication of the Confederated Tribes of the Grand Ronde Community of Oregon. We have recently adopted an Editorial Policy that encourages input from readers about stories printed in *Smoke Signals* as well as other tribal issues. However, all letters from readers must be received at the Newsletter Office no later than the 20th of each month, with the author's signature, address, and phone number in order to be considered for publication.

Letters must be printed or typed, and cannot exceed 300 words. *Smoke Signals* reserves the right to edit any letter for clarity and length, and to refuse publication of any letter or any part of a letter that may contain libelous statements or personal attacks. Not all letters are guaranteed publication upon submission. Published letters do not necessarily reflect the opinions of *Smoke Signals*, tribal employees, or Tribal Council. Mail letters to : SMOKE SIGNALS, 9615 Grand Ronde Rd., Grand Ronde, Oregon 97347 ATTN: Tracy Olson

## Tribal Elections Information

**WHO MAY VOTE:** Any enrolled member of the Confederated Tribes of the Grand Ronde Community of Oregon who will be 18 years of age or older on the date of the scheduled Tribal Council Elections.

**APPLICATIONS FOR ABSENTEE BALLOTS:** Each person applying for an absentee ballot must fill out and sign an application form. Application forms shall be available at the Grand Ronde Tribal Offices in Grand Ronde. The application forms may also be requested from the Election Board. No request for an application shall be valid after 5:00 P.M. on the last working day prior to the elections.

**DATE AND LOCATION OF ELECTIONS:** The Tribal Council Elections will be held Saturday, September 11, 1993 at the Community Center in Grand Ronde. An absentee ballot request form and this year's candidates are listed below.

**1993 TRIBAL COUNCIL CANDIDATES:** (The candidates are listed in the order in which they will appear on the ballot.)

VAL GROUT  
MATTHEW KIRKLAND  
EUGENE LABONTE  
MARK MERCIER  
MARGARET PROVOST  
LEON "CHIP" TOM

Note: Tom Leno has withdrawn from the race for personal reasons.

PLEASE USE THIS FORM OR A PHOTOCOPY OF THIS FORM TO MAKE AN ABSENTEE BALLOT REQUEST

### TRIBAL ELECTIONS ABSENTEE BALLOT REQUEST

I, \_\_\_\_\_, am an eligible voter of the Confederated

Print Enrolled Name

Roll Number

Tribes of the Grand Ronde Community of Oregon and wish to have an absentee ballot mailed to me at the following address:

Mailing Address

City State Zip

Mail this request to:  
Election Committee  
P.O. Box 99  
Grand Ronde, Oregon  
97347

MUST BE SIGNED TO BE

VALID \_\_\_\_\_

DATE \_\_\_\_\_

I need a voter signature card mailed to me ( )yes ( )no