



**SEMINOLE RECREATION
DEPARTMENT**

SPONSORSHIP REQUEST FORM

Program/Event Name: _____						
Please check the Reservation that you are registering for: BC BR TP/LL HW IM FP						
Athlete's Name: _____		Tribal #: _____		DOB: _____		

Names of Additional Athletes (Maximum of 4 per Chaperone)	DOB	Tribal	Non-Tribal

Chaperone's Name: _____ Phone #: _____
 Addl. Contact: _____ Relationship: _____ Phone #: _____

Extra Travelers for Flights (SELF PAY)	DOB

Recreation will cover the expenses of the Seminole Tribe of Florida Youth & Chaperone's only, providing the Seminole Way to Play standards are met.

Driving Own Vehicle? **Y** **N** Request to Drive Rental Vehicle? **Y** **N** If yes, Upgrade? **Y** **N**
 Driving Departure Date: _____ Driving Return Date: _____
 Need Airfare? **Y** **N** If so, Departing/Returning from which Airport? _____
 Airline Departure Date: _____ Airline Return Date: _____
 Need Rental Vehicle at Destination? **Y** **N** If yes, Upgrade? **Y** **N**
 Driver's Name: _____ DOB: _____
 Driver's License Number: _____ Phone #: _____
 Need Hotel Accommodations? **Y** **N** Need Additional Hotel Rooms? **Y** **N** If so, how many? _____

Extra travelers, rental vehicle upgrades and additional hotel room requests will require a credit card number when the Native American Travel Department contacts you.

I, _____, fully understand that this request must be in compliance with the Seminole Way to Play standards for the Seminole Tribe of Florida Recreation Department before travel arrangements are approved and made for this event.

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|--|--------------------------|---------------------------|--|------------------------|-----------------------------|
| BIG CYPRESS
863-983-9659
ext 12140 | BRIGHTON
863-763-3866 | HOLLYWOOD
954-989-9457 | IMMOKALEE
239-657-4515
ext 16607 | CHUPCO
772-466-1492 | LAKELAND/TP
813-246-3100 |
|--|--------------------------|---------------------------|--|------------------------|-----------------------------|



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Participant 's First Name:	Participant's Last Name:
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ACKNOWLEDGMENT

I, _____, the parent/guardian of the participant, agree that the participant and I will abide by the rules of the STOF Recreation Department, its affiliated organizations and sponsors; and has my permission to be transported. Recognizing the possibility of physical injury associated with the programs, I hereby knowingly, freely, and voluntarily releases, waives, acquits, and discharges the Seminole Tribe of Florida, the STOF Recreation Department, and any entity of Its affiliated organizations and sponsors from liability; including personnel participatng in the Programs and/or being transported to and from the same; which transportation | hereby authorize. Also, for camp purposes only, my signature signifies that I am in agreement that the participant listed above will attend an acceptable amount of activities weekly, to be permitted to attend the end of the week field trips.

Print Name:

Parent/Guardian Signature:	Date:
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FOR SPONSORSHIP/OVERNIGHT TRAVEL PURPOSES ONLY

Event Name:	Date(s) of Event:
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STOF Recreation Team:	Non-Sanctioned Team:
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Additional Self Pay Traveler's in the Group:	Date of Birth

PLEASE NOTE:
All additional Self Pay travel requests will require a credit card number. Therefore, please list an accurate phone number, and a Native American Travel Representative will contact you for your required information.

How many Hotel Rooms needed?	Will Self-Pay Rooms be Needed? Yes No	If Yes, how many?
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I, _____, fully understand that this request must be in compliance with the "Seminole Way to Play Policy for the STOF Recreation Department. Therefore, all participating athletes and chaperones listed above must complete/meet all requirements as soon as possible, by/before the deadline date, before any travel arrangements are made and/or approved for this event.

For SPONSORSHIP, applicants must provide detailed information to include the event name, dates and location etc.

CHAPERONE INFORMATION (if applicable)

Name:	D.O.B & Age:
Driver's license #	Driving own vehicle? Yes No
Rental vehicle required upon arrival at destination? Yes No	Airfare required? Yes No

Parent/Guardian Signature:	Date:
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