

# QUAPAW NATION

## CHILDREN'S CHRISTMAS TRIBAL MEMBER APPLICATION

CHILDREN AGES 18 AND UNDER, 18 BY 12/25/20

PLEASE PRINT LEGIBLY



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

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

Email: \_\_\_\_\_

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

### Children's Name

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\*\*Please add additional children on back, if needed.

<b>Office use only</b>
Approved by: _____

To submit by mail:  
Quapaw Nation  
ATTN: Children's Christmas  
P.O. Box 765  
Quapaw, OK 74363

To submit by email:  
[QNkidschristmas@quapawnation.com](mailto:QNkidschristmas@quapawnation.com)

**MUST BE POSTMARKED, EMAILED OR DELIVERED**  
**TO ADMINISTRATION OFFICES BY**  
**DECEMBER 5, 2020**