

**Puyallup Tribe of Indians**  
**ADULT ACTIVITIES SUPPORT SERVICES**  
**APPLICATION FORM**

3009 EAST PORTLAND AVENUE – TACOMA, WA 98404

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**PURPOSE**

The intent of the Adult Activities Support Services Program is to aid Tribal member adults with Monetary assistance for 1) Participation in an organized adult sports team. **ALL SPORT TEAMS MUST HAVE 5 PUYALLUP TRIBAL MEMBER OR MORE PLAYERS TO BE ELIGIBLE FOR PAYMENT FOR TOURNAMENT FEE'S.** 2) Other Activities: martial arts, health club membership, Native American arts registration fees only. **(As of June 2023, the cost of basket weaving kits will not be reimbursed)** (Qualified exercise equipment \*\*\*\*\* THIS IS A ONE TIME ONLY NOT PER YEAR). **The program does not REIMBURSE for fees. THIS IS FOR FY OCT 2024-2025 ONLY.**

**NAME:** \_\_\_\_\_

**FIRST MI LAST (MAIDEN)**

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **ENROLLMENT #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NAME OF ORGANIZATION, CONTACT PERSON, and ADDRESS OF ACTIVITY:** Organized Adult Sports, Tournament, and other Activity: Marital Arts, Health Club Membership, and Qualified exercise equipment one time only. **It is the Applicants' responsibility to get an invoice.**

**Name of Organization/Vendor:** \_\_\_\_\_

**Address of Organization/Vendor:** \_\_\_\_\_ **City:** \_\_\_\_\_

**ST:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone # Organization/Vendor:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FEE AMOUNT: (Indicate where appropriate).**

**Health Club Membership Fee:** \_\_\_\_\_

**Native American arts and crafts Fee:** \_\_\_\_\_

**Sports Tournament Fee:** \_\_\_\_\_

**Other Activities Fees:** \_\_\_\_\_

**Any amount over the \$1000 will be the responsibility of the applicant/parent**

**Please note: If the entry fee is over \$1,000, the team will be responsible for the difference.**

When entering a team that includes non-Puyallup Tribal members, the entry fee will be divided by the total of individuals on the team. Non-Tribal members will be responsible for their share of the entry fee. The program does not pay for online training.

**CHECK PROCESS: You must:**

- ☛ Provide 2-week notice to process checks:
- ☛ Provide with AASS, entry flyer or tournament form that states the amount and date of the event.
- ☛ Program Coordinator will MAIL the check to the Organization/Vendors

**REIMBURSEMENT OF FUNDS**

If an adult relinquishes participation in any program and payment has been made to vendor, the Tribal member will either; 1) seek reimbursement from vendor or 2) reimburse the Tribe the amount of assistance issued to vendor. If applicant does not seek reimbursement or payback the Tribe for non-participation after funds has been disbursed to vender, the applicant will not receive a credit on their Adult Activities Support Service Account.

\_\_\_\_\_  
**APPLICANT PRINT SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**APPLICATION SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE ONLY**

\_\_\_\_\_  
**DATE SIGNED**

**TRIBAL SERVICES USE ONLY**

**Please Note the History of Requests by tribal Member. (Maximum \$1000)**

Date of Assistance	Activity	Amount	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**(PLEASE USE BLACK OR BLUE INK ONLY)**