

**MOWA  
CHOCTAW  
IMMERSION  
CAMP  
REGISTRATION  
PACKET**

**The Goals of the MOWA  
Choctaw Language Immersion  
Camp are:**

**1) To produce a love and connection to the Choctaw way of life for our youth as well as an introduction and appreciation of the Choctaw language.**

**2) To provide an enjoyable and fun atmosphere for our Youth and expand their knowledge of our cultural heritage.**

**3) To engage children, youth, parents, family members and community in an effort to gain an appreciation of our heritage.**

# **MOWA CHOCTAW LANGUAGE IMMERSION CAMP**

**Location:** Tribal Reservation (Mt. Vernon)

**Ages:** 7-12

**Start Date:** June 21

**End Date:** July 2

**Time:** 8:45 to 12:00

Lunch – 12:00-12:30 – Parents should pick up children  
no later than 12:45.

## **PLEASE READ:**

All Students must be pre-registered and will be selected to participate on a first-come, first-serve basis. Only 30 children will be accepted.

Participate and/or parent must be an enrolled member to be considered.

Completed registration forms **must** be turned into the tribal office no later than Friday, June 4. Registration forms will be available at the tribal office or on the website.

## **Basic Daily Schedule and Routines:**

Camp participants will be involved in language, sports, crafts, Native American drumming, and a variety of other activities all in the Choctaw Language.

Please contact Erin Cooper at 918-616-6597 for any questions you may have regarding the MOWA Choctaw Camp or other Choctaw Language Activities.

**MOWA CHOCTAW LANGUAGE IMMERSION CAMP REGISTRATION FORM**

Name of Participant: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

\_\_\_\_\_

Other than the above listed parent, who else is authorized to pick up your child?

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

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

If parent is not available, who should we contact in case of an emergency?

Emergency Contact Name: \_\_\_\_\_

Contact Phone (home): \_\_\_\_\_

Contact Phone (cell): \_\_\_\_\_

Identify any medical conditions or allergies: \_\_\_\_\_

\_\_\_\_\_

**NOTE: We will not be administering meds to any youth. This is the sole responsibility of the youth's family.**

Signature of Parent/Guardian: \_\_\_\_\_

DATE: \_\_\_\_\_

**REGISTRATION FORMS MUST BE TURNED INTO THE TRIBAL OFFICE NO LATER THAN FRIDAY, JUNE 4.**