Official AIHEC Critical Inquiry Roster Registration Form

This form shall be submitted by: March 13, 2020 Submit the form to: Michelle Brown (mbrown@haskell.edu)

Tribal College:______
Team Name: _____

Head Coach (optional):	

Point of Contact email:Pho	ione:
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Topic: _____

Please type or print legibly.

	First and Last Name
1	
2	
3	
4	

I certify that the Tribal College participants listed on the roster meet all eligibility guidelines of the American Indian Higher Education Consortium (AIHEC) and are eligible to participate in the AIHEC Student Conference.

Signature – Critical Inquiry Point of Contact

Date