

WMAT DIVISION OF HEALTH PROGRAMS
CLIENT BUSINESS OFFICE

PRESENTS:

WHITE MOUNTAIN APACHE TRIBE



ELDER FEST



*"An Elder with Great Health is a
Tribe with Great Wellness"*

MAY 10, 2019

10:00 AM - 2:00 PM

CHIEF ALCHESAY ACTIVITY CENTER

FREE EVENT FOR
AGES 6-54 FEE: \$5.00 ELDERS 55 YEARS AND
AGES 5 AND UNDER FEE: OLDER
\$3.00



ENTERTAINMENT | EDUCATIONAL BOOTHS | VENDOR BOOTHS | MUSIC | GUEST
SPEAKERS | HEALTH SCREENINGS | CONCESSION STAND | TRANSPORTATION
AVAILABLE TO ELDERS RESIDING ON THE RESERVATION

FOR REGISTRATION OR INFORMATION CONTACT:
DIVISION OF HEALTH (928)338-4955/4953
301 W. ELM STREET, WHITERIVER, AZ 85941
FAX: 928-338-1615 EMAIL:
BLAINEGOKLISH@WMAT.US OR
ROSEMCCREERY@WMAT.US



WHITE MOUNTAIN APACHE TRIBE

ELDER FEST

*"An Elder with Great Health is a
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REGISTRATION

CHECK ONE

FREE FOR ELDERS 55
YEARS AND OLDER

AGES 6-54 FEE: \$5.00

AGES 5 AND UNDER FEE:
\$3.00

NAME: _____

AGE: _____

MAILING ADDRESS (CITY, STATE, ZIP):

THE WHITE MOUNTAIN APACHE TRIBE, DIVISION OF HEALTH PROGRAMS, AND CLIENT BUSINESS OFFICE ARE NOT LIABLE FOR ANY LOST OR STOLEN ITEMS, FAILURE TO BRING MEDICATION, ANY INJURIES THAT OCCUR ON THE EVENT GROUNDS. I AUTHORIZE TO USE ANY PHOTOGRAPHIC IMAGE OF ME TAKEN AT THE 2019 ELDER FEST FOR FUTURE EVENTS/PUBLICATIONS.

RETURN TO:
DIVISION OF HEALTH
(928) 338-4955/4953
301 W. ELM STREET,
WHITERIVER, AZ
85941
FAX: 928-338-1615
EMAIL:
BLAINEGOKLISH
@WMAT.US OR
ROSEMCCREERY
@WMAT.US

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____

RECEIPT #: _____ PAID: Y OR N

TRANSPORTATION FOR FT. APACHE RESIDENTS ONLY

Provided for Ft. Apache
Reservation residents
55 and older with ONE
registered escort.
Escort must register
(they must pay fee).
Transports are from
home to event and
event to home only.

NAME: _____

DO YOU NEED TRANSPORTATION? _____

IF YES, PROVIDE PHYSICAL ADDRESS AND COMMUNITY:

WILL YOU NEED AN ESCORT? _____

IF YES, PROVIDE THEIR NAME: _____