



Heipa (Mountain Head) District

District Request Form

In lieu of the district's annual Casino Day due to the Covid 19 Pandemic and to assist the membership with a resource to help mitigate, prepare and respond to the Covid - 19 public health emergencies. We will be assisting the membership with a one-time assistance of \$200.00

Date _____

Date of Birth _____

Full Name

Alias (Maiden name/Name on Roster)

Current Address

Tribal Enrollment number

City, State, Zip Code

Phone Number

Signature _____

Date _____

