

## **Cultural Presentation Request Form**

Thank you for your interest in a cultural presentation for your school/organization. To best support your request, please complete this form. Failure to fill out the form completely may cause a delay in its review. Requests for presentations should be submitted to the SMBMI Education Department with a 3 to 6-month lead-time and will be approved according to availability of Tribal Citizens.

\*Priority will be given to organizations and schools that are located within the San Manuel Band of Mission Indians ancestral territory as well as those who have participated in the California Native American Day Educational Program (CNAD).

Please check one:		
☐ Our school/organization IS loc	cated within San Manuel	Band of Mission Indians ancestral territory.
☐ Our school/organization has <u>f</u> CSUSB.	NOT attended California I	Native American Day (CNAD) Educational Program at
☐ Tribal Students of SMBMI are	enrolled in the school.	
☐ Our school/organization <u>HAS</u>	attended the California N	lative American Day (CNAD) Educational Program at
CSUSB and would like to request	an additional cultural pr	esentation. Date attended:
Person Requesting Service:	1	Organization:
Contact Number:	(work)	(cell)
Email:		Ludew
Event Name:		
Location of Event:	fina D	
Date of Event:	Event Start Time:	Event End Time:
Estimated Audience #:		Dig Coar
Details of event (Describe prograsseparate sheet if needed):	am/event, purpose/goal,	and time allocation for presentation. Please attach
San Manu		Area and a second secon
Reservati	on	
		The second secon
Signature (Required):		Date:
***RETURN F		UCATION DEPARTMENT BY EMAIL TO: nmanuel-nsn.gov***
	Office U	Jse Only
Date Received:	Initials:	
Approved Disapproved	Admin:	Date:
Presentation Completed on:	By:	