

2010 California Indian Basketweavers Gathering
CIBA Voting Pre-Registration Form - Due May 2, 2010

Name: _____ Phone: () _____ () _____

Address: _____ City: _____ State _____ Zip _____

Tribal Affiliation: _____ Email: _____

I am a: _____ Basketweaver _____ Basketry Student **My age is:** _____

I will arrive on _____ Thursday, June 24 _____ Friday, June 25 _____ Saturday, June 26

I will attend the Gathering on _____ Friday _____ Saturday _____ Sunday

Check all that apply:

I will arrange for my own accommodations

I would like to camp (please fill out the camping form enclosed)

LIST ALL OTHERS IN YOUR PARTY (Please attach a separate sheet listing your guests)

Name	Age	Tribal Affiliation	Basketweaver (yes/no)
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For additional names, please use a separate sheet of paper and provide the same information

TEACHERS, DEMONSTRATORS, VOLUNTEERS, AND BASKETRY SALES

I am interested in being a demonstrator. (Application enclosed, please complete and return)

I am interested in teaching during the Learner's Circle. (Application enclosed, please complete and return)

I can volunteer to help during the Gathering. (Please contact me)

I plan to sell my traditional baskets, basketry items, materials, or tools. **Must pay a vendor fee, see CIBA SALES FORM.**

This is what I will offer for sale (only basketry-related items will be allowed for sale at the gathering; all items will be subject to the approval of CIBA)

CIBA FUNDRAISER RAFFLE

We will be holding our ANNUAL FUNDRAISING RAFFLE on Saturday, June 26th – could you donate a basket or other item?

_____ I will donate an item for the annual CIBA fundraiser raffle. This is what I'll donate:

Description: _____

_____ I will bring the item(s) to the Gathering

_____ I will send the item(s) to the CIBA main office; 1005 Court St., Woodland, CA 95695-3520

CIBA VOTING MEMBERSHIP APPLICATION/RENEWAL

(Must be of California Indian descent and make baskets using California Indian traditional techniques and materials according to CIBA Policy)

Please check your choice: _____ \$25 Basic _____ \$10 Low-income/student _____ Elder (60+) FREE

_____ \$45 Supporting _____ \$75 Sustaining _____ Other _____

Name: _____ Email _____

Address: _____ Phone (____) _____

City: _____ State _____ Zip _____ County _____

Please charge my: VISA/MasterCard (please circle)

Card Number: _____ Expiration Date: _____

_____ I hereby certify that I am of California Indian descent and that I make baskets using California Indian traditional techniques and materials in accordance with CIBA policy.

_____ I further agree that pictures may be taken of me and my basket(s) for use by CIBA to further their purposes.

Signature: _____ Date: _____

20TH ANNUAL BASKETWEAVERS GATHERING

COMMUNITY INFORMATION TABLE REGISTRATION FORM

DUE BY MAY 2, 2010

Date _____ 2010

Agency _____

Subject/purpose of information table: _____

Please check all that apply

Set up Requirements ___1 (6 foot)

Chairs ___1 ___2

Note: Will not have access to electricity and bring your own shade

Agency Contact: Please print

First Name _____ Last Name _____

Street Address _____

City _____ Zip Code _____

E-mail _____

Phone Number _____ office/cell/home (circle)

AMOUNT ENCLOSED

NON-PROFIT'S \$100.00 _____

Government Agency/Corporate \$150.00 _____

Mail fee [PAYABLE TO CIBA] and form to:
CIBA
1005 Court Street
Woodland, CA 95695
Phone (530) 668-1332

CIBA SALES FORM

TO: All Persons wishing to sell at the 20th Gathering-must fill out this form

- 1. Sales tables will be set up on Thursday, June 24, 2010, from 4pm-6pm or Friday and Saturday by 9:00 am
2. Sales tables are allowed to sell items on Friday 25th, Saturday 26th, and 1/2 day on Sunday 27th
3. Sales Table Fees: \$40 for CIBA members- \$100 for all others
4. No sales tables applications will be honored without payment
5. All Sales items must be pre-approved by Gathering Sponsors
6. Sellers MUST set up in areas as designated - No Exceptions
7. All items for sale must be hand-made by American Indians*
8. No commercial items or items from other countries for sale
9. Sellers restriction: NO APRONS, NO TRAVEL CUPS, NO TOTES

First Name _____ Last Name _____ Tribe _____

Street Address _____ City, State, Zip _____

E-mail _____ Phone _____

Items: _____

All final decisions are made by CIBA Board

_____ I will bring my own table and chairs _____ Please provide a 6 foot table and chair

- Payments and application forms must be received by the CIBA office no later than May 02, 2010.
• Gathering area does not have access to electricity
• CIBA reserves the right to remove any table item deemed as inappropriate.
• Vendors may be asked to donate an item to support the Raffle to offset costs.
• Tables are set up outdoors, please bring your own shade.
• Vendor hours coincide with Gathering hours. Outside: generally 9am to 6 pm
• Sellers may cover tables with any materials they wish

By my signature, I understand and agree with the terms listed.

Signature _____ Date _____

Questions: Call CIBA (530) 668-1332.

AMOUNT ENCLOSED

CIBA Voting Members	\$ 40.00	_____
Associate Members	\$ 100.00	_____

Mail fee [payable to CIBA] and form to:
CIBA
1005 Court Street
Woodland, CA 95695

***The Indian Arts and Crafts Act of 1990 shall apply to all arts and crafts vendors.**

The Indian Arts and Crafts Act of 1990 (P.L. 101-644) is a truth-in-advertising law that prohibits misrepresentation in marketing of Indian arts and crafts products within the U.S. It is illegal to offer or display for sale, or sell any art or craft product in a manner that falsely suggests it is Indian produced, an Indian product or the product of a particular Indian or Indian Tribe or Indian arts and crafts organization, or resident within the U.S. Under the Act, an Indian is defined as a member of any federally or State recognized Indian Tribe, or an individual certified as an Indian artisan by an Indian Tribe

2010 California Indian Basketweavers Annual Gathering
Teacher Application Form
Learner's Circle
Application deadline by April 15, 2010

Name: _____ Date: _____

Tribal Affiliation: _____

Mailing Address: _____
(Location where you receive your mail)

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

Please check the category or categories of classes that you would be available to teach (see cover letter for description of categories):

_____ Youth Class _____ Intermediate _____ Beginners (Materials Preparation)

Maximum number of students in your class: _____ Minimum age of students _____

Restrictions (if any) on who can take your class:

Describe the type(s) of basketry or related arts you would be able to teach, or the materials you will teach students to prepare. Please be specific about the tribal origin, technique and type of basket or related art. If you're able to offer more than one type of class for us to consider, please describe all:

Have you taught basketry classes before? If so, briefly tell us about your teaching experience:

Would you ask someone to help you teach? If you know the person's name and tribal affiliation, please list.

We would appreciate having your suggestions, if any, for improving the Learner's Circles at CIBA's annual gatherings. Please use the back of this page to write your suggestions.

HONORARIUM: TEACHERS - \$225.00 ASSISTANTS- \$100.00

NOTE: THE NUMBER OF LEARNERS CIRCLE HONORARIUM IS LIMITED. IF YOU ARE SELECTED, THE CIBA STAFF WILL NOTIFY YOU PRIOR TO THE GATHERING EVENT.

Return immediately to: CIBA, 1005 Court St., Woodland, CA 95695-3520

2010 California Indian Basketweavers Gathering

Demonstrator Application Form

Application deadline by April 15, 2010

Demonstrators of traditional California indigenous basketry, cordage, or other traditional "woven" items, and foods prepared in baskets, will take place for the public on Saturday afternoon, June 26, 2010. Demonstrators will be selected to represent the broadest range possible of basketry traditions and forms throughout California. Demonstrators will be working within their own tribal traditions, unless there is a compelling reason to make an exception. Demonstrators will work for three hours and be paid an honorarium of \$150.00. **Demonstrators shall not be engaged in selling their work while demonstrating, but are welcome to do so at other times during the Gathering.**

Name _____

Tribal Affiliation _____

Mailing Address _____

City, State, Zip _____

Phone _____ email _____

What type of basketry or related art would you be able to demonstrate at the Gathering? Please be

specific about the type of basketry that you weave and include materials used. Please provide us with the name of the particular type or origin of basketry that you practice. It would be helpful if you could name the particular type of basket you would be working on (i.e. cap, bowl, burden basket, tray, etc.) If you would be available for more than one category of demonstrations, please list them all:

How many years have you been weaving? _____

How did you learn? _____

Have you demonstrated before? YES - NO

Briefly state your experience as a demonstrator: _____

NOTE: THE HONORARIUM AVAILABLE FOR DEMONSTRATORS IS LIMITED. IF YOU ARE SELECTED, THE CIBA STAFF WILL NOTIFY YOU PRIOR TO THE GATHERING EVENT.

2010 California Indian Basketweavers Gathering Camping Form

Return request must be post marked by **May 2, 2010**

A separate form must be completed for each applicant

Name: _____ Phone: () _____ () _____

Address: _____ City: _____ State _____ Zip _____

Tribal Affiliation: _____ Email: _____

Eligibility: we must limit our assistance to CIBA Voting Members

- You must be an Elder (age 60+), and a California Indian Basketweaver,
- You must be a paid CIBA Voting member

____ I am requesting Tent Site

____ I am requesting a site for an RV or camper. (Will be in a designated area separate from tent sites.)

Camping assistance: Since we have a limited amount of room for camping, you may request one (1) tent site. After approval for camping, a confirmation letter will be sent to the approved applicant.

I am requesting a tent site or RV-camper site for ____ Thursday ____ Friday ____ and Saturday nights

Please list all who plan on camping below:

- A. Ione Hotel
25 West Main Street
Ione, CA
(209) 274-6082
www.ionehotel.com

- B. Lake Camanche: North Office
2000 Camanche Road
Ione, CA
(209) 763-5121 RV and Camping

- C. Days Inn Sutter Creek
271 Hanford Street
Sutter Creek, CA
(209) 267-9177

- D. Foxes Inn-A Bed & Breakfast
77 Main Street

Sutter Creek, CA
(209) 267-5882

E. Jackson Rancheria Casino
12222 New York Ranch Road
Jackson, CA
(209) 223-1677

F. Holiday Inn Express Hotel & Suites
101 Clinton Road
Jackson, CA
(209) 257-1500

G. Hanford House Inn
61 Hanford Street
Sutter Creek, CA
(209) 267-0747

H. Gate House Inn
1330 Jackson Gate Road
Jackson, CA
(209) 223-3500

I. Amador Motel
12408 Kennedy Flat Road
Jackson, CA
(209) 223-0970