



Occaneechi Band of the Saponi Nation, Inc. Presentation/Research Request Form

Request for Tribal Grounds Presentation

Name of the organization/business/school: _____

If school, grade level: _____

Name of Contact Person: _____

Address: _____

Phone: _____ Email: _____

Date(s) of the event: _____ Time: _____

Expected number of group/attendees: _____

Cost: \$5.00 per person to be paid via check or cash at time of presentation. If, for any reason, the appointment cannot be kept notification should be made immediately.



Request for interviews or research projects

Please note for interviews/research projects there is a \$75.00 fee

Contact Person: _____ Phone: _____

Reason for research/interview: _____

STEPS TO SUBMITTING THE REQUEST FORM & APPROVAL

Mail in:

OBSN
ATT: REQUESTS
P.O. Box 356
Mebane, NC 27302
336-421-1317

Email:

SUBJECT LINE: OBSN REQUESTS
Attach/Scan & Email
obsntribe@gmail.com

ALL REQUESTS ARE SUBJECT TO TRIBAL COUNCIL APPROVAL

For Office Use Only: Date received _____

Approved/Denied _____