

## **Registration Form**



## **Oklahoma Native Fitness Event**

November 12th - 15th, 2024 - Shawnee, Oklahoma Sponsored by: Citizen Potawatomi Nation Health Services



**Registrant Information** 

### **Registration & Payment**

To register, you must complete both of the following:

- send in this form with complete, accurate information
- include credit card information or a check payable to:

Native American Fitness Council P.O. Box 4468, Durango, CO 81302 EIN 84-4187667

Name							
Tribal Affiliation		State					
Phone Work	Cell						
Email		Choose Shirt Size	S M L XL 2				
Payment							
🗆 \$995.00 - Personal Trair	ner Certification - November 12	th - 15th, 2024					
Payment is due October 25	th, 2024! A \$35 fee will be add	ded for later payments					
Payment (We do not accept □ VISA □ MC □ Chec	Purchase Orders) ck	o: Native American Fiti	ness Council)				
Credit Card #		_3 Digit Security Code	e				
Expiration Date	CC Zip Code	Total Payment	<u> </u>				
Signature	Date						

Native American Fitness Council phone **928 774 3048** 

Cancelation Policy: To receive a refund, you must give written cancellation notice 4 weeks prior to the start of the event date. You will receive a refund payment minus a \$55.00 processing fee. Cancellations after that date & no shows will receive a full credit towards future NAFC trainings minus a \$55.00 processing fee. NAFC reserves the right to cancel this event at any time and a full refund for registration fees only will be returned.

email john@nativeamericanfitnesscouncil.com website www.nativeamericanfitnesscouncil.com



### Agenda

#### **Personal Trainer Certification**

November 12th - 15th, 2024 - Shawnee, OK

\*Note - Participants must attend the complete event to receive the Personal Trainer Certificate!

#### Day 1 8:00 - 8:15 Registration 8:15 - 8:30 Introduction 8:30 - 10:00 Posture 10:00 - 10:15 Break 10:15 - 12:00 Body Mechanics 12:00 - 1:00 Lunch 1:00 - 2:30 Balance Exercise 2:30 - 2:45 Break 2:45 - 4:15 Stabilization Training 4:15 - 4:30 Questions & Answers Day 2 8:00 - 8:30 Introductions & Warm-up 8:30 - 10:00 Flexibility Training 10:00 - 10:15 Break 10:15 - 12:00 Resistance Training Lecture 12:00 - 1:00 Lunch 1:00 - 2:30 Resistance Training Lower Body - Hands On 2:30 - 2:45 Break 2:45 - 4:15 Resistance Training Core - Hands On 4:15 - 4:30 Questions & Answers Day 3 8:00 - 8:30 Introductions & Warm-up 8:30 - 10:00 Resistance Training Upper Body - Hands On 10:00 - 10:15 Break 10:15 - 12:00 Resistance Training Upper Body - Hands On (continued) 12:00 - 1:00 Lunch 1:00 - 2:30 Functional Training 2:30 - 2:45 Break 2:45 - 4:15 Professional Standards & Documentation 4:15 - 4:30 Questions & Answers Day 4 8:00 - 8:30 Warm-up 8:30 - 10:00 Endurance Training Lecture 10:00 - 10:15 Break 10:15 - 12:00 Endurance Training - Testing 12:00 - 1:00 Lunch 1:00 - 2:45 Endurance Training - Hands On 2:45 - 3:00 Break 3:00 - 4:15 Program Design

4:15 - 4:30 Awarding of Certificates



# Travel Information Oklahoma Native Fitness Event

November 12th - 15th, 2024 - Shawnee, OK

Participants must attend the complete event to receive certification so plan flights & travel accordingly!

#### **Training Site & Hotel**

Grand Casino Hotel & Resort 777 Grand Casino Boulevard Shawnee, Oklahoma 74804 Telephone (hotel) 405 964 7777 Telephone (casino) 405 964 7263 Training Site - Grand Ballroom

Hotel Rooms - a rate of \$107 per night is available for hotel rooms November 11th - 15th.

Use code: **NAFCPT** when making reservations by phone. Online reservations do not accept the discount.

#### **Local Airport**

Will Rogers World Airport - Oklahoma City, OK

The Grand Casino Hotel & Resort is located about 35 miles away and does not provide shuttle.

#### **Meals on Your Own**

Morning refreshments will be provided. Lunch will be on your own with dining options available within the resort.

#### **Hands On Learning**

NAFC teaches through hands on exercise. The movements are fun and many are non strenuous. <u>Plan to participate at your own comfort & safety level as approved by your physician</u>. Wear appropriate workout clothing (jacket for outdoors) & gym shoes.



#### **Native American Fitness Council Information for Accounts Payable Departments**

#### **Type of Payments Accepted**

We do not accept Purchase Orders!

Credit Card - Visa or MasterCard

Check or Money Order - Made out to the: Native American Fitness Council

#### If Needing an Invoice

Email us with the invoice request and complete information you require. Please include Name of Organization, Names of Attendees, Trainings Attending & Total Amount.

#### **Financial Information**

Native American Fitness Council Nonprofit Organization EIN 84-4187667

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification  • Go to www.irs.gov/FormW9 for instructions and the latest information.					Give Form to the requester. Do no send to the IRS.				
	and the state of t	your income tax return). Name is required on this line; do not leave this line blank.									
	Native American Fitness Council										
1	2 Business name/dis	agarded entity name, if different from above									
ns on page 3.	Check appropriate following seven bo:     Individual/sole psingle-member	proprietor or C Corporation S Corporation Partnership Trust/estate				Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt pavee code (if any)					
See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of t another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-memb is disregarded from the owner should check the appropriate box for the tax classification fis owner.					ption fr	om FA	TCA	\ repo	orting	
ec.	Other (see instru	ctions) Nonprofit Exempt			(Аррбе	to accour	ts maint	nined	outside	the U.S.)	
ds es	P.O. Box 446	reet, and apt. or suite no.) See instructions.	Requester's	name a	nd ad	dress (o	ptiona	d)			
S -	6 City, state, and ZIP	ende:									
- 1 6											
	Durango, CO 7 List account number	81302									
Part	Durango, CO 7 List account number Taxpaye	81302 (s) here (optional) r Identification Number (TIN)	oid Soc	cial sec	urity i	number					
Part nter yo	Durango, CO  List account number  Taxpaye our TIN in the appresentation of the country of the co	81302 (s) here (optional)  r Identification Number (TIN) priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for	010	cial sec	curity i	number	1				
Part nter yo ackup siden	Durango, CO 7 List account number Taxpaye our TIN in the approvious tallen, sole propriet	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For other	or a	cial sec	curity i	number	]-				
Part nter yo ackup siden ntities	Durango, CO 7 List account number Taxpaye our TIN in the approvithholding. For ir it allien, sole proprie , it is your employe	81302 (s) here (optional)  r Identification Number (TIN) priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for	ora	cial sec	eurity i	number	] -				
Parit nter yo ackup siden ntities,	Durango, CO 7 List account number  Taxpaye our TIN in the approvithholding. For ir t alien, sole proprie it is your employe er.	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For one of the individual of the provided in the prov	ta or		]-	number	- numt	per			
nter you ackup siden tities, N, late	Durango, CO 7 List account number 7 List account number 7 List account number 8 List account number 9 List account number 9 List account number 9 List account is in number 1 List account number 1 Li	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For other	ta or	ployer	]-	fication					
Part nter yeackup esiden ntities, IN, late	Durango, CO 7 List account number 7 List account number 7 List account number 8 List account number 9 List account number 9 List account number 9 List account is in number 1 List account number 1 Li	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge note than one name, see the instructions for line 1. Also see What Name of the provided in the second second seed to be not the second seed to be not seed	ta or		]-			oer 6	6	7	
Part nter yeackup siden ntities, N, late ote: If	Durango, CO 7 List account number Taxpaye our TIN in the appr out thindoling. For ir t alien, sole proprie i, it is your employe er t the account is in ir r To Give the Requi	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN), However, for or, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge nore than one name, see the instructions for line 1. Also see What Name a ster for guidelines on whose number to enter.	ta or	ployer	identi	fication			6	7	
Part nter you ackup siden ntities, /N, late ote: If umbe	Durango, CO 7 Ust account number Taxpaye our TIN in the appr out tallen, sole proprie t allen, sole proprie t it is your employe er t the account is in r r To Give the Requ  Certifica	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for or, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge were than one name, see the instructions for line 1. Also see What Name a sister for guidelines on whose number to enter.	ta or	ployer	identi	fication			6	7	
Part  Part  Part  Part  Part  Part  Part  The r  I am  Servi	Durango, CO 7 Ust account number 7 Ust account number 8 Taxpaye 9 our TIN in the appr 9 withholding. For ir 1 talien, sole proprie 1, it is your employe 1 the account is in r 1 To Give the Requ 1 Certificate 1 Ce	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for or, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge were than one name, see the instructions for line 1. Also see What Name a sister for guidelines on whose number to enter.	a number to	ployer 4 -	identi - 4	1 8 o me);	7 and e Inte	6	Reve	enue	
Part nter you could be siden ntities, N, late ote: If nder p I am Servi no lo	Durango, CO 7 List account number 7 List account number 8 List account number 9 List account number 9 List account in the approximation of the approximation of the account is in recommendation of the account in the account is in recommendation of the account in the account is in recommendation.  If the account is in recommendation in the account is in recommendation in the account is in recommendation. If the account is in recommendation in the account is in recommendation.  If the account is a consistent in the account is a consistent in the account is a consistent in the account in the accou	(s) here (optional)  r Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge more than one name, see the instructions for line 1. Also see What Name and the start for guidelines on whose number to enter.  tion  I certify that:  is form is my correct taxpayer identification number (or I am waiting for any withholding because: (a) I am exempt from backup withholding, or (b) ubject to backup withholding as a result of a failure to report all interest controls.	a number to	ployer 4 -	identi - 4	1 8 o me);	7 and e Inte	6	Reve	enue	
Part nter yeackup siden ritiles, r/k, late oote: If nder p The r I am Servi no lo I am	Durango, CO 7 List account number 7 List account number 8 List account number 9 List account number 9 List account number 9 List account is in re 10 Certifica 9 Denalties of perjury 9 number shown on 1 10 not subject to back 10 List I am s 10 nor subject to back 10 List I am s 10 nor subject to back 10 List I am s 10 nor subject to back 10 List I am s 10 nor subject to back 10 List I am s 10 nor subject to back 11 List I am s 10 nor subject to back 12 List I am s 13 nor subject to back 13 List I am s 14 List I am s 15 List I am s 16 List I am s 16 List I am s 17 List I am s 17 List I am s 18 List I am s	(s) here (optional)  Ir Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to ge sore than one name, see the instructions for line 1. Also see What Name aster for guidelines on whose number to enter.  Ition  I certify that:  It is form is my correct taxpayer identification number (or I am waiting for it) up withholding because: (a) I am exempt from backup withholding, or (b) ubject to backup withholding as a result of a failure to report all interest of kup withholding; and err U.S. person (defined below); and	a number to	ployer  4 be isspeen no or (c)	identi - 4	1 8 o me);	7 and e Inte	6	Reve	enue	
Part nter yeackup siden nter yeackup siden nter yeackup siden nter ye land land land land land land land land	Durango, CO 7 List account number 7 List account number 8 List account number 9 List account number 9 List account number 1 List account is in record number of perjury 1 List account is in record number shown on a not subject to back 1 List account is in new the number shown on a not subject to back 1 List account is in new the number shown on a not subject to back 1 List account is new the number of shown on a number shown on a number shown on a number shown on a number shown on a List account is new the number of shown in the number of shown i	(s) here (optional)  Ir Identification Number (TIN)  priate box. The TIN provided must match the name given on line 1 to ave dividuals, this is generally your social security number (SSN). However, for, or disregarded entity, see the instructions for Part I, later. For other identification number (EIN). If you do not have a number, see How to get once than one name, see the instructions for line 1. Also see What Name is ster for guidelines on whose number to enter.  Ition  I certify that:  In form is my correct taxpayer identification number (or I am waiting for a up withholding because: (a) I am exempt from backup withholding, or (b) balled to backup withholding as a result of a failure to report all interest of kup withholding; and	a number to I have not bor dividends, g is correct. su are current does not appeared to the control of the correct of the corr	be isseen no or (c)	- 4  sued t totifiect the IF	fication  1 8  o me); if by the sS has  backutgage in and ge	7 and Internotific	6 rnal ed r	Revene the	enue nat I ar becaus	