

BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

Training Registration Form

Name:			Date:	
Mailing Address	:		City/State/Zip:	
Phone:		Messa	ige Phone:	
Email:				
Are you currentl	y enrolled in the Bi	shop TERO Job	Skills Bank?	
Are you a memb	er of the Bishop Pa	niute Tribe?		
Do you authoriz	e TERO to take/utili	ze your photo fo	or the TERO Newsletter- Yes ☐ No	
Name of Training	·			
Dates scheduled:				
Fee Amount:				
Paid by: Chec	k □ Cash □	Scholarship 🗖	Other Program:	_
(Please make checks p	ayable to Bishop Paiute Tri	be – TERO)		
1 v	veek advance notice ovide notice would s	of any attendance	the Bishop TERO Office at least ce cancellation. Failure to pant priority in any future inings.	
Participant Signa	ure	Date		
Received by:				
Date:				