



Logo and Wordmark Release Form

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Please complete this form and submit attention to **Kandice Charlie** or **Sherylynn Charlie**:
Address: 4690 Salish Way, Agassiz, BC, V0M 1A1 **Phone:** 604-796-2116 **Fax:** 604-796-3946
Email: kandice.charlie@chehalisband.com or sherylynn.charlie@chehalisband.com

Name of Applicant _____

Affiliation with Sts'ailes

- Band Member Band Employee – Dept.: _____
- Sts'ailes Ancestry Other (please specify): _____

Email _____

Phone _____ **Fax** _____

Product _____ **Quantity** _____

Description of Use _____
NOTE: a sample of proposed design/graphic may be required

Printing Company _____

Company Contact _____

Address _____

Email _____

Phone _____ **Fax** _____

For Office Use Only

Approved Approved with Changes: _____

Denied for following reason(s): _____

Royalty: Exempt Due – Amount: _____

A quorum of two is required for authorization:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____