



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

CHILD & YOUTH SKILLS ENHANCEMENT APPLICATION

Personal Information:

Name:			Band Number
Mailing Address:	City/Town	Prov.	Date of Birth:
Email:			Telephone:

Activity/Course Contact Information:

Business Name:			Telephone:
Contact Person:			
Mailing Address:	City/Town	Prov.	Postal Code:
Email:			

Activity/Course Information: (Attach relevant documentation)

Registration/Cost Fees: _____

Equipment fees: _____

Start Date: _____ Completion Date: _____

Description of Activity:

NOTE: Please refer to Activity Travel Claim for travel requests

**I certify that all the information provided in this application is true and correct.
If under the age of 18 a parent/guardian's signature is also required.**

By signing below, I agree that if I my child (ren) do not complete the above listed activity, I will return the funds paid on my behalf to Temagami First Nation Enrichment Funds.

Signature of Applicant

Signature of Parent/Guardian

(Please print name)

Date