

TEMAGAMI FIRST NATION ENRICHMENT FUNDS

ADULT SKILLS ENHANCEMENT APPLICATION

Personal Information:

Name: _____ Status Number: _____
Address: _____ Birth Date: _____
City & P.C.: _____ Phone No. () _____
Email: _____ Fax No. () _____

Activity/Course Information:

Description of Activity or Course: _____
Cost of Activity or Course: _____
Start Date: _____ Completion Date: _____

Activity/Course Contact Information:

Offered By: _____ Phone No. () _____
Contact Person: _____ Fax No. () _____
Address _____
City _____

Release:

By signing below, I give permission for Temagami First Nation to contact the person listed above to verify my participation in the activity or course described.

Agreement:

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

Signature

Date