



# TEMAGAMI FIRST NATION

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

## ADULT SKILLS ENHANCMENT 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