



TEMAGAMI FIRST NATION

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

ARTS AND CULTURE APPLICATION

Personal Information:

Date:

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

Description of Activity/ Equipment:

Amount Requesting:

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Breakdown of Costs (Also include any other funding sources)

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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

Application Checklist:

- Estimates (if request is over \$500.00, you need 3 different estimates)
- Receipts/Invoice if applicable