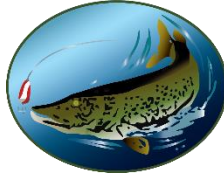


Fishing Lake



First Nation

Community Development Program Health Application

GENERAL OVERVIEW

- All applications must include a copy of prescription or letter from Doctor of when this application is filled out for.
- Applications should include the deadline dates for registration in regards to activities.
- Quotes must be submitted for application
- Receipts must be submitted before a new application can be made.
- Please allow sufficient time for your application to be reviewed and have your application sent in to the Community Development Program at least one week prior to the deadline dates.

APPLICATION INFORMATION

Name: _____ Date of Birth _____
(MM/DD/YY)

Address: _____

Phone # (h) _____

Business _____

Cell _____

Treaty Number _____
(10 digits)

Start Date _____

End Date _____

Amount \$ _____

- If applying as a group, please feel free to list names, ages, birthdates and treaty numbers on a separate piece of paper.

Reason for Application:

If you require more space please attach a separate page.

Deadline for Registration: _____

Signature of Applicant

Date