

# ISHKAABEWISAG GAWIISOKAAGEWAD

"HELPERS THAT HELP COMMUNITIES"

## GATHERING



# REGISTRATION FORM



### Please let us know which Day/Days you will be attending:

This information will only be used to ensure we have ordered enough meals, that daily registration does not exceed 100 participants, and to reach you when you win a prize. You will be eligible for all Daily Prizes when in attendance, and all Grand prizes.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I am from Community: \_\_\_\_\_ Phone #: \_\_\_\_\_

I wish to participate: **In Person**  **Virtually**

Please send me a Virtual link to my Email: \_\_\_\_\_

I would like to participate every day for the entire week: **YES**  **NO**

If no, I will only be participating on:

**DAY 1**

**DAY 2**

**DAY 3**

**DAY 4**

**DAY 5**

**In accordance with ONT Health regulations:**

#1 Masks must be worn at all times, unless eating or drinking.

#2 Social distancing is required.

#3 PROOF of vaccinations to be provided.

Notes to organizers, special dietary needs:

Send your completed form to:  
Kelli.Ducharme@treaty3.ca



Superior STRATEGIES

CES Est. 2010