



Anishinabek Family Care

MEMBER CONTACT INFORMATION Youth Advisory Council

Please provide all relevant information; print clearly

Date: _____

FIRST NATION INFORMATION:

First Nation:		Contact Person:	
Tel #:	Cell #:	Email Address:	
Mailing Address:			Postal Code:

YOUTH REP. CONTACT INFORMATION:

NAME:		DOB:	Age:
Tel #:	Cell #:	Email Address:	
Mailing Address:			Postal Code:

YOUTH REP. PARENTAL CONTACT INFORMATION (APPLICABLE FOR YOUTH UNDER 18 YEARS OF AGE)

NAME:		Email Address:	
Tel #:	Tel #:	Cell #:	
Mailing Address:			Postal Code:

NOTE: Chaperones are required for all youth under the age of 18 years travelling to Thunder Bay.

CHAPERONE CONTACT INFORMATION:

NAME:		Email Address:	
Tel #:	Tel #:	Cell #:	
Mailing Address:			Postal Code:

MEDICAL INFORMATION

Do you have any Food Allergies/Dietary Requirements: Yes No (If yes, please list below)

~~ Meegwetch ~~

Return completed form to:

Dilico Corporate Office – 200 Anemki Place, Fort William First Nation, ON P7J 1L6

Attention: Tina Bobinski, Director MH&AS

C/O Babette Rose Executive Assistant, MH&AS or forward to Babetterose@dilico.com