



MISSANABIE CREE FIRST NATION

PO Box 23029 Phone:(705)-254-2702
RPO Queenstown Fax: (705)-254-3292
Sault Ste. Marie, ON P6A 6W6 www.missanabiecreefn.com



ANNUAL GATHERING REGISTRATION FORM **AUGUST 10TH TO 17TH 2024**

*****REGISTRATION DEADLINE – JULY 15*****

(If you are 18+ please submit your own registration form)

STATUS NUMBER: 223 _____ Phone Number: (_____) _____

LAST NAME: _____ **FIRST NAME:** _____ Elder: Yes / No

SPOUSE/PARTNER'S NAME: _____ **MCFN Member Yes/No** _____

ADDRESS: _____ **CITY:** _____ **Prov/Country:** _____

EMAIL: _____ **POSTAL CODE/ZIP CODE:** _____

DEPENDANT OR GUEST INFORMATION

First and Last name:	Relation:	Registered member:	AGE:
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

ACCOMMODATIONS: Please note that requests (beds and/or cabins) are **NOT** guaranteed. If you would like to share with someone, please state their full name(s):

<input type="radio"/> Island View Cabin	<input type="radio"/> Island View RV Site	<input type="radio"/> Island View Tent
<input type="radio"/> Island View Elder's Trailer	<input type="radio"/> Dog Lake Cabin	<input type="radio"/> Dog Lake RV Site
<input type="radio"/> Dog Lake Tent	<input type="radio"/> School RV Site	<input type="radio"/> School Bunkie

Other/Own Accommodations, please specify:

Where did you stay last year?

PLEASE NOTE: Due to ***limited accommodations***, please make every effort to bring your own tent or trailer. If staying at **Dog Lake Campground**, please bring your own linens and bedding. We have some tents, cots, mattresses and sleeping bags that members can sign out – a deposit fee may be necessary. Please be prepared to share your accommodations. As always, elders and those with medical needs and infants under a year old, are given priority for beds. Please do not expect a bed to assigned to you, especially if you are not age 55 or older.

If you register and are not coming, please notify the office as soon as possible.

Please refrain from alcohol and other intoxicants while at the gathering



MISSANABIE CREE FIRST NATION

PO Box 23029 Phone:(705)-254-2702
RPO Queenstown Fax: (705)-254-3292
Sault Ste. Marie, ON P6A 6W6 www.missanabiecreefn.com



ANNUAL GATHERING REGISTRATION FORM
AUGUST 10TH TO 17TH 2024

HOW WILL YOU BE TRAVELLING TO THE GATHERING?

<input type="radio"/> Own Vehicle/Driving	<input type="radio"/> Plane (*Please see details below)
<input type="radio"/> Train	<input type="radio"/> Chartered Bus (From Sault Ste. Marie)
<input type="radio"/> Other (Specify Details)	Office Use:

WHO ARE YOU TRAVELLING WITH?

FLIGHT ARRANGEMENT AND INFORMATION: *Once flights are booked, we will NOT be responsible for any costs related to changes of flight arrangements; these extra costs and making the changes will be the responsibility of the member to pay. For cancellations, a doctor’s note is required. (Only registered band members’ flights will be covered)*

***PLEASE NOTE:** You must give your dates and times of your flights first before the office can book them.

Departure Date: _____ Departure time: _____ Airline: _____

Return Date: _____ Return time: _____ Airline: _____

Full Name: _____ Date of Birth: _____

Checked Bags (Luggage): Departure _____ Return _____

DO YOU NEED TRAVEL ACCOMODATIONS: Yes/No (where and date?)

TRAVEL INFORMATION: Travel dollars are for registered band members driving a vehicle to Missanabie. Fifty (50%) percent of travel funds will be issued the day they check in with registration at the gathering (upon arrival).

Any advance travel money requests must be made of your registration and please speak with the Band Administrator.

Kilometers will be calculated using Google Maps Canada. Mileage rate is currently undetermined but may be less than what was paid in previous years.

Current plans are tentatively to provide bus transportation from and to Sault Ste. Marie, ON. Please identify on your form if you require this service.

*****BUS RIDERS, YOU MUST BE AT THE SLEEP INN HOTEL PRIOR TO 12:00 PM – SATURDAY, AUGUST 10TH. IF YOU MISS THE BUS, MCFN WILL NOT BE RESPONSIBLE FOR ADDITION TRAVEL ARRANGEMENTS*****



MISSANABIE CREE FIRST NATION

PO Box 23029 Phone:(705)-254-2702
RPO Queenstown Fax: (705)-254-3292
Sault Ste. Marie, ON P6A 6W6 www.missanabiecreefn.com



ANNUAL GATHERING REGISTRATION FORM
AUGUST 10TH TO 17TH 2024

(All information within this form is kept confidential)

Emergency Contact Information

First and Last Name: _____

Phone Number: _____

Relationship: _____

Dietary Information

<input type="radio"/> No Restrictions	<input type="radio"/> Vegetarian	<input type="radio"/> Vegan
<input type="radio"/> Gluten Free	<input type="radio"/> Dairy Free	<input type="radio"/> Other

Please list any allergies, including food: _____

Special needs/requirements

Photo Release Notice: I hereby give permission for images of myself and/or my child(ren), or registered persons, captured during Missanabie Cree First Nation Annual Gathering activities through video, photo, and digital camera, to be used solely for the purposes of Missanabie Cree First Nation material and publications, and waive any rights of compensation or ownership thereto.

Signature: _____



MISSANABIE CREE FIRST NATION

PO Box 23029 Phone:(705)-254-2702
RPO Queenstown Fax: (705)-254-3292
Sault Ste. Marie, ON P6A 6W6 www.missanabiecreefn.com



ANNUAL GATHERING REGISTRATION FORM
AUGUST 10TH TO 17TH 2024

I, _____ understand and agree that once monies have been received or travel arrangements have been booked, I must attend the community consultations (Annual Gathering). If for any reason I do not attend, I will pay back the money/air/bus/train tickets owing. If monies are not returned, I understand that I will not be eligible for travelling funds until I pay the funds back or travel to any future gathering without funds allotted to me. **Only a doctors' note will be accepted for any cancellations. Once travel arrangements are made, it is up to me to make changes to my travel arrangements and the extra cost will be at my own expense.**

***Please only sign signature 1, when filling out form to submit**

1. Signature: _____
Date: _____

OFFICE USE ONLY
2. Signature: _____
Date: _____
(50% upon arrival at registration desk, this will verify your attendance at the annual gathering)

OFFICE USE ONLY
3. Signature: _____
Date: _____
(Final 50% by August 15th, 2024)

Please fax, email, mail, forms to:
Fax: 705-254-3292
Email: jmarkie@missanabiecree.com
For any inquires, please contact 1-800-319-3001

Missanabie Cree First Nation
PO Box 23029 RPO Queenstown
Sault Ste. Marie, ON P6A 6W6

**Revised May 2024*