**ANNUAL GATHERING REGISTRATION**

**AUGUST 9TH TO 16TH 2025**

**Registration Deadline is July 15**

**\*****Register by June 1st for a chance to win a $100 Visa Gift Card\***

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| **STATUS NUMBER**: **223**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**: \_( \_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_  **FIRST NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LAST NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE/ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***SPOUSE-PARTNER/GUEST OR DEPENDANT INFORMATION***

**NAME & RELATION TO REGISTERED MEMBER: STATUS NUMBER: (if applicable) AGE:**

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

|  |  |  |
| --- | --- | --- |
| * Island View Cabin | * Island View RV Site | * Island View Tent |
| * Island View Elder’s Trailer | * Dog Lake Cabin | * Dog Lake RV Site |
| * Dog Lake Tent | * School RV Site | * School Bunkie |
| * Other/Own Accommodations, please specify: | | |
| **Where did you stay last year?** | | |
| **Which days/nights do you plan on attending the gathering?** | | |

**PLEASE NOTE**: **Due to** **limited accommodations**, **as always, registered members who are elders and those with medical needs and infants under a year old, are given priority for beds. Cabin accommodations are shared,** while we do our best to ensure requests for sharing are considered, due to limited space not all requests may be feasible. 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.

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

**\*Please refrain from alcohol and other intoxicants while at the gathering.**

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**HOW WILL YOU BE TRAVELLING TO THE GATHERING?**

|  |  |
| --- | --- |
| * Own Vehicle/Driving | * Plane (Please see details below) |
| * Train | * Charted Bus (From Sault Ste. Marie |
| * Other (Specify Details) | Office Use: |

**WHO ARE YOU TRAVELLING WITH?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*\*PLEASE NOTE\*\*\***

1. **YOU** MUST SELECT YOUR DATES AND TIMES OF YOUR FLIGHTS AND THEN EMAIL THIS INFORMATION TO JUNE MARKIE AT **JMARKIE@MISSANABIECREE.COM** OR THEY WILL NOT BE BOOKED.
2. **ONCE THE FLIGHT IS BOOKED, IT WILL *NOT* BE CHANGED BY THE OFFICE!** YOU MUST MAKE YOUR OWN CONNECTIONS PRIOR TO BOOKING WITH THE OFFICE!
3. **FLIGHT ARRAGEMENT 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)***
4. **DEADLINES**: To get the best prices for flights and assigned accommodations, we need members to register no later than ***July 1, 2025***.
5. **If you register and are not coming, please notify the office as soon as possible.**

**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 upon arrival at the gathering. Any advance travel money requests must be made with 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 9TH. IF YOU MISS THE BUS, MCFN WILL NOT BE RESPONSIBLE FOR ADDITIONAL TRAVEL ARRANGEMENTS\*\*\***

**\*\*\*BUS SCHEDULE WILL BE SUBJECT TO CHANGE IN ORDER TO ACCOMMODATE TRANSPORTATION\*\*\***

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| **Office Use:** |

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**(All information within this form is kept confidential)**

**\*Emergency Contact Information\***

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Relationship:** | **Phone Number:** |

**Dietary Information:**

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| --- | --- | --- |
| * No Restrictions | * Vegetarian | * Vegan |
| * Gluten Free | * Dairy Free | * Other |

**Please list any allergies, including food:**

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**Special requirements:**

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**Photo Release Notice:**

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| I hereby give permission for images of myself and/or my child, 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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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.

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| 1. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OFFICE USE ONLY**   1. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OFFICE USE ONLY**   1. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please fax, email, mail, forms to: Missanabie Cree First Nation**

**Fax: 705-254-2702 PO Box 23029 RPO Queenstown**

**Email: jmarkie@missanabiecree.com Sault Ste. Marie, ON P6A 6W6**

**For any inquires, please contact 1-800-319-3001** *\*Revised March 2025*

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

**\*Please refrain from alcohol and other intoxicants while at the gathering.**