



Treaty 1-11 Gathering Registration Form

Personal Information:

Name: LAST FIRST MIDDLE

Email:

Phone Number:

Address: STREET ADDRESS APT NUMBER CITY POSTAL CODE

Event Details:

Event Name: Treaty 1-11 Gathering

Date: August 30th - September 1st, 2024.

Location: Cold Lake First Nations, Alberta, Canada.

Registration Details:

Registration Type:

- Individual Participant
- Group (Specify number of participants:)

Accommodation:

- I will require accommodation
- I will arrange my own accommodation

Special Requirements or Requests:

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Additional Information:

How did you hear about the event?

- Social Media
- Word of Mouth
- Website
- Other (please specify): _____

Would you like to receive updates about future events?

- Yes
- No

Declaration:

I hereby confirm that the information provided is accurate, and I agree to abide by the rules and regulations of the Treaty 1-11 Gathering.

Signature: _____

Date: _____

Please submit completed registration forms to treatygathering@clfns.com

