



COLD LAKE FIRST NATIONS

P.O. Box 1769 | Cold Lake, AB | T9M 1P4
Phone: 780-594-7183 | www.clfns.com

COLD LAKE FIRST NATIONS (LOCAL MEMBERS) CHRISTMAS FOOD HAMPER APPLICATION

DEADLINE FOR SUBMISSIONS: **FRIDAY, DECEMBER 11 BY NOON**

HEAD OF HOUSEHOLD		HOUSE # _____	
NAME: _____		PHONE # _____	
RESIDENTS:			
NAME	AGE	PLEASE CHECK ONE	
		TREATY NON-TREATY	
1 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
2 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
3 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
4 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
5 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
6 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
7 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
8 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
9 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
10 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	
PICK UP THE COLD LAKE FIRST NATION HEALTH CENTER			
(PLEASE CIRCLE WHICH DAY)			
MON	TUES	WED	THURS
14-Dec	15-Dec	16-Dec	17-Dec
OFFICE USE ONLY			
RECEIVED BY: _____		DATE: _____	

IF MORE RESIDENTS ARE IN THE HOME PLEASE INDICATE ON BACK OF APPLICATION FORM
ALL APPLICATIONS CAN BE RETURNED TO THE HEALTH CENTER
FOR MORE INFORMATION PLEASE CONTACT THE HEALTH CENTER @ 780-594-2473

Sponsored By: Community Well-Being & Jurisdiction Initiatives