I am attending the following Summer Institute(s):

- ☐ Anihshiniimowin Immersion and Native Language: August 26th to 28th
- ☐ Education Directors and Principals: August 26th to 28th
- ☐ New & Returning Teachers: August 26th to 28th

I am a/an (Please check one):

- ☐ Anihshiniimowin Immersion Teacher   Grade:_____
- ☐ Native Language Teacher   Grade:_____
- ☐ Classroom Teacher   Grade:_____
- ☐ Classroom Assistant   Grade:_____
- ☐ Special Education Teacher
- ☐ Principal
- ☐ Education Director
- ☐ Other: _____

Please print clearly for per diems:

Name: _____

First Nation: _____

Phone: _____ Fax: _____

Email Address: _____

T-SHIRT SIZE: _____

Please check off selections below to provide the required information
Travel Dates August 24th or 25th and August 29th
Summer Institute for Native Language Teachers, Teachers, Principals, Ed Directors
*** depending on flights ***

Travel By Air: Flights Required ☐ YES ☐ NO
Airline Preference: ☐ Wasaya ☐ North Star ☐ Perimeter ☐ Other:_____
Departure Time: _____ Return Time: _____
Mileage Community to Sioux Lookout: ☐ YES ☐ NO ☐ Return # of KM_____
Mileage Sioux Lookout to Ojibway Park: ☐ YES ☐ NO ☐ Return # of KM_____

Accommodations ☐ YES ☐ NO ☐ Private Accommodations
HOTEL: ☐
TENT CAMPING: ☐
(tents, sleeping bags etc. will be provided for those wishing to camp; there will be staff on site as well)

Allergies:
_____

Special Dietary Needs:_____
_____

PLEASE COMPLETE THE ATTACHED REGISTRATION & TRAVEL REQUEST INFORMATION AND RETURN
FAX: (807) 737-3650 – ATTN: Charlotte
EMAIL: csemple@kerc.ca