

	Fa	mily I	Memb	er #1 Info	rmation	
Full Name:					DOB:	
	Last	First	t		M.I.	
Address:						
	Street Address				Apartment/Unit #	
	City				Province Postal Code	
Phone:	_			Email		
Are you Av	ailable: July 23-30, 20	022:				_
Are you a N	unatsiavut Beneficiary?	YES	NO		Do you speak Inuttitut?	NO
Have you ev National Par	ver been to the Torngat Mountains rk?	YES	NO		Do you have experience on the land?	NO
Do you have any allergies?		YES	NO		Do you have any mobility issues?	NO
If yes, what	allergies:					
	Fa	mily I	Memb	er #2 Info	rmation	
Full Name:	-				DOB:	
	Last	First	t		M.I.	
Address:	Street Address				Apartment/Unit #	
	City				Province Postal Code	
Phone:				Email		
Are you Av	ailable: July 23-30, 20	022:				_
Are you a N	unatsiavut Beneficiary?	YES	NO		YES Do you speak Inuttitut?	NO
Have you ev National Par	ver been to the Torngat Mountains rk?	YES	NO		YES Do you have experience on the land?	NO

Do you have any allergies?		YES	NO		YES Do you have any mobility issues? ☐	NO
If yes, what allergies:						
	Fa	mily I	Memb	er #3 Infor	rmation	
Full Name:					DOB:	
Tun rame.	Last	First	t		M.I.	
Address:						
	Street Address				Apartment/Unit #	
	G:				D	
	City				Province Postal Code	
Phone:				Email		
i none.				Emun		
Are you Ava	ailable: July 23-30, 20	022:				_
		YES	NO		YES	NO
Are you a N	unatsiavut Beneficiary?				Do you speak Inuttitut?	
Have you ev	ver been to the Torngat Mountains	MEG	NO		YES	NO
National Par		YES	NO		Do you have experience on the land?	
Do you have	e any allergies?	YES	NO 		YES Do you have any mobility issues? □	NO
Do your nurve	and group.				20 усы паче нау пасеты, пошес. —	
If yes, what	allergies:					
	Fa	mily I	Memb	er #4 Infor	mation	
Full Name:					DOB:	
run Name.	Last	First	t		DOB	
Address:						
	Street Address				Apartment/Unit #	
	City				Province Postal Code	
DI				Б 11		
Phone:				Email		
Are you Ava	ailable: July 23-30, 2 0	022:				
		MEG	NO		•	NO
Are you a N	unatsiavut Beneficiary?	YES	NO		YES Do you speak Inuttitut?	NO
Нама мон ст	ver been to the Tornaat Mountains	****			Vma	NO
Have you ever been to the Torngat Mountains National Park?		YES	NO		Do you have experience on the land?	NO
		_)	Ш
Do you have	e any allergies?	YES	NO		YES Do you have any mobility issues?	NO
Do you have any allergies? If yes, what allergies:			Ц		Do you have any mounty issues.	Ш
If ves what	allergies.					

Family Member #5 Information					
Full Name:		·		DOB:	
	Last First			M.I.	
Address:					
radiess.	Street Address			Apartment/Unit #	
	City			Province Postal Code	
Phone:				For I	
Phone:				Email	
Are you Av	July 23-30, 20	022:			
		YES	NO	YES NO	
Are you a N	unatsiavut Beneficiary?			Do you speak Inuttitut? □ □	
Have you ever been to the Torngat Mountains National Park?		YES	NO	YES NO Do you have experience on the land?	
		YES	NO	YES NO	
Do you have any allergies?				Do you have any mobility issues?	
If yes, what	If yes, what allergies:				
•					
Please list t	vo references.		Ket	erences	
Full Name:				Relationship:	
Company:				Di	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
				and Signature	
I certify that	my answers are true and complete	to the	best oj	my knowledge.	
Applicant Si	gnature:			Date:	

Inuit connection and access to the Torngat Mountains National Park Pilot Project

1.	Please tell us why your family would like to attend the Inuit connection and access to the Torngat Mountains National Park Pilot Project with your family:
2.	Please tell us what your family would contribute to the Inuit connection and access to the Torngat Mountains National Park Pilot Project if you were a successful candidate:
3.	Please tell us what your family hopes to learn by attending the Inuit connection and access to the Torngat Mountains National Park Pilot Project:
3.	
3.	
3.	
3.	
3.	
3.	
3.	
4.	
	Please tell us how your family will bring what you learn in the program back to your
	Please tell us how your family will bring what you learn in the program back to your
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5.	What is your family connection to this area?