



MAAQUTUSIIS HAHOULTHEE STEWARDSHIP SOCIETY

REQUEST FOR USE OF MATSQUIAHT

Name of Group _____

Name of First Nation _____

Address and Postal Code _____

Contact Person #1 _____

Email #1 _____

Phone #1 _____

Contact Person #2 _____

Email #2 _____

Phone #2 _____

Fax # _____

Purpose of Visit:



MAAQUTUSIIS HAHOULTHEE STEWARDSHIP SOCIETY

List Buildings or other facilities requested for use:

Dates Requested: _____

Number of Attendees: _____

Age of Attendees: _____

Supervision (names and contact #'s): must be on site during visit at all times

Name Contact #

Name Contact #

Name Contact #

Signed by representative of applicant Print Name

Date



MAAQUTUSIIS HAHOULTHEE STEWARDSHIP SOCIETY

To be completed by MHSS:

Request # _____

Name of Group/First Nation _____

Damage deposit required ___ (yes) ___ (no)

Damage deposit received _____ (amount)

Buildings allowed to access:(list)

Key signed out ___(yes) ___(no)

Approved by:

Signature of MHSS Representative

Print Name

Date