



**APPROVAL TO ENTER  
INTER-COMMUNITY TRAVEL FORM  
Neskantaga First Nation**

SECTION TO BE COMPLETED BY TRAVELER	
Name of Traveler <i>One form per person</i>	
Member First Nation	
Contact Phone #	
Purpose for Traveling	
Estimated Date(s) of Travel	
SECTION TO BE COMPLETED BY DESTINATION FIRST NATION	
Negative COVID Test Results Received	<input type="checkbox"/> Yes

Authorized by:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Title)

Signature:

\_\_\_\_\_

**IMPORTANT:**

1. Show this SIGNED form at Neskantaga check-point as proof of entry (one form per person, not per vehicle)
2. *Anyone without a signed form will be denied entry.*