



APPROVAL TO ENTER INTER-COMMUNITY TRAVEL FORM Nibinamik 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 Nibinamik check-point as proof of entry (one form per person, not per vehicle)
2. *Anyone without a signed form will be denied entry.*