

PETER CHAPMAN BAND

CUMBERLAND 100A
P.O. BOX 880 MELFORT, SASKATCHEWAN S0E 1A0

PETER CHAPMAN BAND APPLICATION FOR CHRISTMAS BONUS 2025

DATE: _____

NAME OF PARENT(S)/CAREGIVER(S): _____

TREATY NUMBER: _____

NAME OF CHILDREN:

1. _____ AGE _____ TREATY NO. _____

2. _____ AGE _____ TREATY NO. _____

3. _____ AGE _____ TREATY NO. _____

4. _____ AGE _____ TREATY NO. _____

5. _____ AGE _____ TREATY NO. _____

6. _____ AGE _____ TREATY NO. _____

7. _____ AGE _____ TREATY NO. _____

8. _____ AGE _____ TREATY NO. _____

9. _____ AGE _____ TREATY NO. _____

10. _____ AGE _____ TREATY NO. _____

CHEQUE NUMBER: _____ AMOUNT: _____

PARENT/CAREGIVER PHONE NUMBER: _____

E-MAIL: _____

PARENT/CAREGIVER FULL ADDRESS: _____

CHEQUE RECEIVED

SIGNATURE: _____