Band Membership Verification Form

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The following is a list of <u>all</u> athletes who are participating in the FSIN Championships with the_____. As a requirement of the FSIN Championships Program, all of our participants must be verified by the band membership clerk.

NAME	DOB (M/D/Y)	STATUS

As Band Membership Clerk of _____ First Nation, I hereby declare that we have performed the required treaty number check and verify that the above listed participants are from the above mentioned First Nation.

_____ _____ _____
Band Membership Clerk Signature Date

_____ _____ _____
Chief/Councilor Signature Date