

ORGANIZATION:

School Community Charity Youth Group Support

Address: _____
Town/City: _____ Province: _____ Postal code: _____
Telephone: _____ Fax: _____
Contact name: _____ Contact telephone: _____

Event: _____
Event sponsor: _____
Event day & date: _____ Event time: _____
Length of event: _____
(Forms received without a specific date will not be considered.)

Event Location: _____
On-site contact name: _____
Event address: _____
Event theme: _____
Event description (please be specific, i.e. theme): _____

Role model function at event: _____

Audience size: _____ **Audience age-range:** _____
Requested role model: 1. _____ 2. _____
Recommended Attire: _____
Will food and/or beverage/water be provided? Yes No

Directions to event location: _____

TRAVEL INFORMATION TO COMMUNITY:

Bus: Yes No
Name of Bus Line: _____
Days and times of arrivals: _____
Days and times of departures: _____

Rail: Yes No
Name of Rail Service: _____
Days and times of arrivals: _____
Days and times of departures: _____

Road Access: Yes No
Main Road/Highway: _____
Alternative Route: _____

Air: Yes No
Name of Airline: _____
Days and times of arrivals: _____
Days and times of departures: _____
Connector Flights required: Yes No

Connector travel required: Yes No Type of travel: _____
Required Arrangements: _____

Best method of travel to your event (please describe):

Hotel/Accommodations Information at Community:

Name of Hotel: _____
Contact person (if applicable): _____
Telephone: _____ Fax: _____

Requesting:

FULL coverage of expenses/travel/accommodation: Yes No

PARTIAL coverage: Travel
 Expenses (Food, incidentals)
 Accommodations

NO coverage: Community/organization will be responsible for all expenses, including travel/expenses/accommodations Yes No

- Please note: Media may be covering the event. The National Aboriginal Health Organization will monitor the media coverage of the event.
- Please note: Host organizers who receive a role model visit are required to provide a full report of the event to the National Aboriginal Role Model Program. This will be used for evaluating the program.

For more information contact:

National Aboriginal Role Model Program
National Aboriginal Health Organization
220 Laurier Ave. W, Suite 1200
Ottawa, ON K1P 5Z9

Tel.: (613) 237-9462, ext. 548 Toll free: 1-877-602-4445, ext. 548
Fax: (613) 233-1853
E-mail: leadyourway@naho.ca