



# MGBHLM 2024 Christmas Distribution



## PART ONE: Application for 2024 Christmas Distribution

Name/Parent/Guardian: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Child Name # 1: \_\_\_\_\_ AGE: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Child Name # 2: \_\_\_\_\_ AGE: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Child Name # 3: \_\_\_\_\_ AGE: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Child Name # 4: \_\_\_\_\_ AGE: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Child Name # 5: \_\_\_\_\_ AGE: \_\_\_\_\_ STATUS #: 343 \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Did you attach proof of **UP TO DATE** guardianship for child/ren?  
(CTB FORM/Letter from School/Family Doctor/Child Services)

**YES     \*\*\*NO EXCEPTIONS\*\***

SIGNATURE: \_\_\_\_\_

**ONLY SEND** updated BANKING INFORMATION if it has changed since previous distribution.

**EMAIL ALL DOCUMENTS TO:**  
[directdeposit@mosquitofn.ca](mailto:directdeposit@mosquitofn.ca)

*Contact Receptionist for any questions or if you need a form (306) 937-6120*

## PART TWO: Office Use Only

Band Member Status Confirmed: YES     NO     INITIAL: \_\_\_\_\_

Proof of Guardianship attached?: YES     NO     INITIAL: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Payment Made by:     EFT     CHEQUE

Date payment was made: \_\_\_\_\_     INITIAL: \_\_\_\_\_