



VISITOR REQUEST FORM

72-hour notice is required

Date:		
Name:		
List all individuals (for this request)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
Travelling from:		
Purpose of visit:		
Date of Arrival:		
Duration of Visit:		
Contact Number:		
Email:		
Please answer the following: (Please circle one) Are you Vaccinated? Yes No Spouse? Yes No Youth? Yes No Youth? Yes No If yes, please provide a copy of your administration receipt you received when you were vaccinated.	If not vaccinated or out of province, please provide a negative COVID-19 test result. 72 hours prior to arrival date.	

I agree to the following protocols:

1. Screening at community checkpoint
2. Abide by the curfew, 12:00 am to 6:00 am

I understand I will be asked to leave if;

1. There is a confirmed positive case in the community during my visit. (Depending on the situation visitors may have to stay and isolate in the community for 14 days).
2. Disobey the community protocols that are in place.

Confirmation will be by email or telephone.

Please email request to pandemicteam2021@gmail.com or fax 807-928-2611