



**Indigenous Business & Public Administration**

**2024 Indigenous Youth Entrepreneurship Camp**

**August 12 - 16, 2024**

| Participant Information:  |  |  |               |               |             |
|---|--|--|---------------|---------------|-------------|
| First Name  |  | Middle Name(s)   |               | Last Name     |             |
|   |  |  |               |               |             |
| Mailing Address   |  |  | City          | Province      | Postal Code |
|   |  |  |               |               |             |
| Home Phone  |  | Cell Phone   |               | Email Address |             |
|   |  |  |               |               |             |
| School  |  | Grade  | Date of Birth |               |             |
|   |  |  |               |               |             |
| Please Circle Indigenous Descent  |  | <input checked="" type="radio"/> Status Indian <input type="radio"/> Non-Status Indian <input type="radio"/> Métis <input type="radio"/> Inuit |               |               |             |
| Does the participant have any known allergies, chronic illness or medical conditions?<br>If yes, please describe: |  |  |               |               |             |
| Do you require accommodations (room & board) for the duration of the camp?  |  | Monday   | Tuesday       | Wednesday     | Thursday    |
|   |  |  |               |               | Friday      |
|   |  |  |               |               |             |
| Parent/Guardian Information:  |  |  |               |               |             |
| First Name  |  | Middle Name(s)   |               | Last Name     |             |
|   |  |  |               |               |             |
| Mailing Address   |  | City   |               | Province      | Postal Code |
|   |  |  |               |               |             |
| Home Phone  |  | Cell Phone   |               | E-Mail        |             |
|   |  |  |               |               |             |
| Emergency Contact Information *Please provide 2 contacts  |  |  |               |               |             |
| Name  |  | Relationship   |               | Phone         |             |
| 1.  |  |  |               |               |             |
| 2.  |  |  |               |               |             |

Parent/Guardian Release Form

Parent/Guardian please read and initial your name stating that you understand the terms of the statement

I, the undersigned, do hereby give my full consent for my child to participate in the First Nations University Indigenous Entrepreneurship Camp, and release the First Nations University of Canada and its respective officers, employees, and agents from and against all claims, actions, costs, damages and expenses which may result from or be in any way related to my child's participation in the First Nations University of Canada Indigenous Entrepreneurship Camp.

I hereby grant permission to all use of photographs, videotapes, recordings, and any other records for this event for promotional purposes only.

| Name of Parent/Guardian *Please Print | Signature | Date |
|---------------------------------------|-----------|------|
|                                       |           |      |

Please use space below or attach a *Word* document to application

What career(s) are you interested in pursuing once finished high school or university?

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What is it about Business, or a degree in Business, that peaks your interest?

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How would you define Entrepreneurship?

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*Visit our website to view the agenda for the week:*

<https://www.fnuniv.ca/academic/undergraduate-programs/indigenous-business-public-administration/entrepreneurship-camp/>

Mail, Email or Fax your application to:

First Nations University of Canada  
Indigenous Business & Public Administration  
1 First Nations Way  
Regina, SK., S4S 7K2  
Email: [iyec@firstnationsuniversity.ca](mailto:iyec@firstnationsuniversity.ca)  
Fax: 1.306.790.5994