# \*\*If you have **28 or fewer** students, please use 4 family groups (no Wool Weaver group).

# Please email with Class list, Special Needs list, Medical/Dietary forms and Informed Consent forms

# to [odsclinic@sd44.ca](mailto:cultural@cheakamuscentre.ca) **at least 10 days** before your group’s arrival.

**School: Teacher: Bighouse dates:**

**Hunters & Fishers Cedar Bark Workers Wool Weavers**

Elder Elder: Elder:

1) 1) 1)

2) 2) 2)

3) 3) 3)

4) 4) 4)

5) 5) 5)

6) 6) 6)

7) 7) 7)

8) 8) 8)

**Wood Workers Plant Gatherers**

Elder Elder:

1) 1)

2) 2)

3) 3) Teacher:

4) 4)

5) 5) Floater:

6) 6)

7) 7) EA:

8) 8)