

Lac La Ronge Indian Band Health Services Inc.

Naming Contest



SUBMISSION FORM



SUBMISSIONS DEADLINE: SEPT. 30, 2021

NAME: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

SUGGESTION NAME: _____

OPTIONAL: PROVIDE A REASON WHY YOU SELECTED THIS NAME:



Email suggestions to: Roderick Sanderson at:
rsanderson@LLRIBHS.CA. or fax form attached to: (306) 425-5520

Or drop off in the Suggestion Box at Health Clinic at Nemeiben, SK.