



Kluane National Park Management Board Delegation Request

Requested Board Meeting Date: _____

Individual, Group or Association: _____

Representatives of the Above: _____

Main Spokesperson: _____

Topic(s): _____

Written Materials Submitted: _____

Online participation

In-person participation

Support Required: _____
(e.g. laptop, projector)

Request made by: _____

Signature

Date

Please submit delegation request form to admin@kluanenpmb.ca by noon on the Friday before the date of the Board meeting