





Artists & Performers Request for Expression of Interest

**Application Form**

Personal Information

Name: \_\_\_\_\_

P.O. Box or Street Address: \_\_\_\_\_

Community/City: \_\_\_\_\_

Territory/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cel/Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tell us more about your work and any experience you have attending events like this one.

Please send completed forms to [nwhite@makivvik.ca](mailto:nwhite@makivvik.ca)

Please also attach to your email any photos or videos you would like to share.

