



INDIGENOUS ARTS & STORIES

PARTICIPANT SUBMISSION FORM

FIRST NAME: _____

LAST NAME: _____

AGE: _____

TITLE OF PIECE: _____

MEDIUM (ART SUBMISSIONS): _____

STREET ADDRESS _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

SCHOOL: _____

ABORIGINAL COMMUNITY/AFFILIATION: _____

NAME AND CONTACT INFORMATION OF A TEACHER, COMMUNITY LEADER, COUNSELOR OR
EMPLOYER:

PHONE NUMBER: _____ EMAIL: _____

HOW DID YOU HEAR ABOUT INDIGENOUS ARTS AND STORIES?:
