



# Team Nunavik-Québec Cultural Contingent 2018



## APPLICATION FORM

First Name		Last Name	
Birthdate: Day	Month	Year	
Mailing Address: PO Box			
Community		Postal Code	
Telephone Number			
Email address			
Name of Group (if applicable)			

**References:** Please provide the names of two people over the age of 18 years who know you and are available to answer questions about your cultural performance experience and activities. They cannot be your immediate family members (mother, father or siblings).

Reference #1: (must currently be employed or self-employed)	Name	
	Phone	
	Email	
Reference #2: (can be anyone who knows you)	Name	
	Phone	
	Email	

**Weblink:** Please provide a short video clip of your performance.

- Sorry, I don't have any videos.
- Yes, I'll be forwarding a copy through email (under 8 MB).
- Yes, here is the weblink address:

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature  
(if applicant is under 18 years of age): \_\_\_\_\_

Send applications to: Karin Kettler by fax (819-254-8763) or by e-mail ([kkettler@krg.ca](mailto:kkettler@krg.ca))

**DEADLINE: Friday, September 22, 2017 at 5:00pm.**



**Cultural Activity:** (please check all that apply to you)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> circus/clowning | <input type="checkbox"/> drumming an Inuk drum             | <input type="checkbox"/> dance (square/hip hop) |
| <input type="checkbox"/> story telling   | <input type="checkbox"/> singing                           | <input type="checkbox"/> theatre                |
| <input type="checkbox"/> throat singing  | <input type="checkbox"/> musical instrument, specify below |   |

Other: (describe) \_\_\_\_\_

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**Performance Experience:** (what have you performed, when and where? - list them here)

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**Why do you want to go to the Arctic Winter Games and share your cultural activity?**

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