



Somebody's Daughter

**Inuit Traditional Clothing Knowledge Sharing workshop
Application Form**

Full name	
Address & Community:	
Day/night phone#	Cell#
Email address:	

Name of emergency contact person:	
Address & contact #	

If you have any medical issues or condition; please inform us so we can be aware in case of any emergencies:

Please tell us why you want to participate in this workshop, and if you have community programs involvement please tell us about it.

Signature of Applicant

Date

****Please note only selected applicants will be contacted****