



ARTIST WORKSHOP DATABASE

ARTIST INFORMATION

Name: _____

Address: _____
(address)

_____ (city/province) _____ (postal code)

Phone : _____ Email: _____

Do you have a valid drivers license? YES NO

Are you willing to Travel? YES NO

(In some cases workshops will be in the same community the artist is located in, other times we will be looking for artist to tour a workshop)

Medium(s) you want to be considered for. Please list all that apply:

Have you lead workshops previously? If yes where and for what?

Additional Information:

PLEASE RETURN FORM TO

Rowan Pantel – Outreach Coordinator

EMAIL: outreach@culturalexchange.ca

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