

Nam	e of Artist:	
Lega	l Name:	
City	of Residence:	
Maili	ng Address:	
Phon	e Number:	
Emai	l Address:	
Socia	al Media Account I	Handles/Website:
Pleas	se answer the follo	owing questions:
1.		between September 8-21, 2025, to create/install your d/participate in related arts and culture activities and e. Marie, ON?
	Yes	No
2.	Do you currently have Working at Heights Training? (If 'no' is selected, you will not be automatically disqualified from consideration).	
	Yes	No



3.	Are you willing and able to obtain Working At Heights Training Certification prior to September 8, 2025? (If 'no' is selected, you will not be automatically disqualified from consideration).		
	Yes	No	
4.	Do you have access to a personal form of transportation that you would pre to use for travelling to and from Sault Ste. Marie for this festival? (If 'no' is selected, you will not be automatically disqualified from consideration).		
	Yes	No	
5.	Please provide you	r artist's statement or biography (500 words maximum):	