



## APPLICATION FORM

Please drop off applications to the Winnipeg Arts Council, 103-110 Princess Street,  
Winnipeg, Manitoba R3B 1K7; or fax to 204-942-8669; or email to [dom@winnipegarts.ca](mailto:dom@winnipegarts.ca)

**PART I**  
CITY BUILDER  
(PARTICIPANT)

Last Name

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First Name

-----

Home Address

-----

City

Province

Postal Code

-----

E-Mail Address

-----

Phone Number

Cell Number

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School

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Grade (in September 2014)

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Date of Birth

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Food Restrictions (please list all)

Medical Conditions (please list all):

PARENT  
OR GUARDIAN

Last Name

First Name

Phone Number

Work Number

Cell Number

Signature of Parent /Guardian

Date

SPONSOR TEACHER  
(OPTIONAL)

Last Name

First Name

Phone Number

Work Number

Cell Number

E-Mail Address

## **PART II**

We'd like you to  
answer a couple of  
questions

1. What is your idea of a perfect city? Why?

2. What do you like about Winnipeg OR What would you change about Winnipeg?

3. Do you have a favourite building/painting/film/photograph (choose one)?  
What is it? What do you like about it?