



Kahnekano·lú
Cultural Center

A good mind. A good heart. A strong fire.

Participation Interest Form

Exhibit Title

Start Date

End Date

CONTACT INFORMATION

Institution Name:

Last Name:

First Name:

MI:

Street Address or P.O. Box:

City:

State:

Zip:

Phone:

E-mail:

KCC STAFF CONTACT INFORMATION

Last Name:

First:

Employee #:

Contact Phone:

E-Mail:

PARTICIPATION PARAMETERS

Restrictions or concerns you may have can be listed here.

KCC Staff Initials:

Date: