

Yup'ik Mask Special Order Questionnaire

Return To Phillip Charette, "Aarnarquq", 2090 D.St, Baker City, OR 97814

Date of Order: _____ Date of Completion: _____

Customer Name, Address, & Phone Number _____

What theme are you interested in?* _____

What style of mask are you thinking of?* _____

Do you have an image in mind or have you had an experience you want to base this mask on?* _____

Does this mask represent a want or a need in your life? _____

What is the purpose of this mask? _____

Is the mask in honor of someone?* _____ Who? _____

Why? _____

Is this a healing mask? _____ For Whom? _____

With one word, describe the essence of who you are _____

If you were an animal, what would you be? _____

What place makes you feel whole? _____

What element of nature do you feel most connected with? _____

What animal are you most connected to? _____

Why? _____

Who has been the most influential spirit in your life?* _____

Would you describe yourself as religious or spiritual? _____

Are their special pieces, personal belongings, or sacred items you want incorporated into your spirit mask?*

Why are they important? _____

How would you like the pieces presented on the mask?* _____

Anything else, not mentioned, to be considered in the making of this mask?* ____yes ____no

*Please attach additional information or images you have to help the artist in the design of the mask