**ASSOCIAZIONE CULTURALE SABINARTI**

**CREATIVE RESIDENCY APPLICATION FORM**

First Name:

Last Name:

Date of Birth:       Place of Birth:

Citizenship:

Your mailing address:

Street:

City:       Postal/ZIP Code:

Province/State:       Country:

Phone:       Email:

Your academic background:

Your professional experience:

Language(s) you speak:

How or from where did you hear about Sabinarti?

State reasons for this application:

Describe your residency project in detail:

Your website (state “N/A” if not applicable):

Period of residency (minimum stay 4 weeks) - Year : 2018 [ ]  2019 [ ]

|  |  |
| --- | --- |
| [ ]  January – from       to       | [ ]  February – from       to       |
| [ ]  March – from       to       | [ ]  April – from       to       |
| [ ]  May – from       to       | [ ]  June – from       to       |
| [ ]  July – from       to       | [ ]  August – from       to       |
| [ ]  September – from       to       | [ ]  October – from       to       |
| [ ]  November – from       to       | [ ]  December – from       to       |

From November to March we only accept groups of at least 7 artists.

Accommodation:

[ ]  Single room (€420/4 weeks - €100/ additional weeks)

[ ]  Double room (€750/4 weeks - €180/ additional weeks)

[ ]  Double room with private bath (€800/4 weeks - €190/ additional weeks)

Heating fees are charged depending by usage (from October to April, when heating is used).

Payment:

50% Payment due at time of reservation (bank transfer fees to be paid by the artist)

50% Payment upon arrival (in cash)

I ask to be accepted into Sabinarti Artist-In-Residence Program and agree to the terms and conditions.

Date:

Signature: