Kinosaki International Arts Center Artist-in-Residence program 2024/2025  Application Form					
Application date	YYYY /MM /DD				
Name of applicant					
Group name (if applicable)		Attach a portrait			
Name of representative		photo here.			
Representative's date of birth					
Representative's nationality					
Address					
TEL	FAX				
E-mail					
Website					
Genre		)			
Representative's background					

	Representative's background				
Year / Month	Indicate educational background, earned degrees, artistic background, significant works a				
	activities, awards won, etc.				
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/	d self-introduction (about 200 words)				
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				Project of	details				
Project title									
Project outline (at	out 200 v	vords)							
Reason(s) for app	lication (a	bout 200 w	vords)						
Preferred dates of	l								
Choice 1	YYYY	/MM	/DD		~	YYYY	/MM	/DD	
Choice 2	YYYY	/MM	/DD		~	YYYY	/MM	/DD	
Choice 3	YYYY	/MM	/DD		~	YYYY	/MM	/DD	
Intended program	during sta	y (about 2	ou words)						

Tentative schedule (based on choice 1)							
		Date		Plan			
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
ММ	/DD	~MM	/DD				
Estim	Estimated total budget (including costs for post-residency performances)						
T		V		Main source of income			
Income ¥			Grant(s) planned to				
Expe	enses	¥		Main source of expenses			

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			Local Community Exchange Program				
Choos	Choose a Local Community Exchange Program event you would like to organize (multiple choices allowed)						
	Open rehea	rsal, performance	Show the public the result of the work done during your stay				
	Artist talk s	ession	Talk to the public about your creation process at KIAC, previous works, etc.				
	Open studio	)	Invite the public to a rehearsal				
	Workshop		Hold a workshop at KIAC for the public				
	Outreach		Hold an interactive event at a school or at a welfare facility				
	Tea-time ta	lk session	Create an opportunity for artists and locals to discuss together				
	Other		Another event not listed above				
Please	give details	about the most rele	evant Local Community Exchange Program event chosen.				
	Date						
Venue							
Targeted audience							
Details							

Use of facility during your stay								
Number of	people		people					
List of men	nbers (Please	write the na	mes of ALL members p	lanning to sta	y, and please s	tate who is th	e representative)	
Na	me	Gender	Position	Na	ame Gender		Position	
Planned use	of hall, studios,	residence (F	acility outline: http://ki	ac.jp/pdf/ove	erview.pdf )			
Checkbox		Production	n space requested			Dates	of use	
	Hall				MM /DE	~ <b>M</b> M	/DD	
	Studio 1	(39 m² ×	H3.65m)		MM /DE	~ <b>MM</b>	/DD	
	Studio 2 (48 m²×H2.50m∕soundproofed)				MM /DE	~ <b>MM</b>	/DD	
	Studio 3 (41 m² × H2.35m)				MM /DE	~ <b>MM</b>	/DD	
	Studio 4 (61 m² × H2.35m/mirror, ballet bar)				MM /DE	~ <b>M</b> M	/DD	
	Studio 5 (55 m² × H3.25m)				MM /DE	~ <b>MM</b>	/DD	
	Studio 6	(27 m² ×	H3.25m)	MM /DE	~ <b>M</b> M	/DD		
Checkbox		ns requested	N	ames of me	mbers to stay			
	Wester	rn Style ro	om A (Up to 2 pec	ople)				
	Wester	rn Style ro	om B (Up to 2 pec	ople)				
	Wester	rn Style ro	om C (Up to 3 pec	ple)				
	Wester	rn Style ro	om D (Up to 3 pec	ple)				
	Japanes	se Style ro	om E (Up to 3 pec	ple)				
	Japanes	se Style ro	om F (Up to 3 pec	ple)				
	Japanes	se Style ro	om G (Up to 3 pec	ple)				
Special req	uirements reg	arding the	use of the facility					
Will you nee	d to manufactı	ure equipm	ent at Kinosaki Intern	ational Arts	Center	Yes /	No	
Will you nee	ed a space to	store large	e vehicles such as tr	ucks and/o	r large	/	N1 -	
equipment?	(If yes, pleas	e state the	e type of vehicle and	the size)		Yes /	No	
Please writ	e below any o	ther specia	al requirement you h	ave regardi	ng the use of	the facility		

Future prospects							
How do you plan to develop your project after your stay at KIAC? (about 200 words)							
Are you considering p	participating in the Toyooka Theater Festival in 2024 or I	ater with the same project?					
%Please circle your ans	wer						
Want to participate	e / no plans to participate / Under consideration / Undec	ided / Others ( )					
	After your stay, will you be holding a performance of your work done at  KIAC? (Whether you do or not will NOT affect the selection process)  **Please circle your answer  Yes / No / To be decided						
If yes, please fill the i	nformation below						
Title							
Date(s)							
Venue(s)							
Cast, staff (Producer(s), director(s), choreographer(s), performer(s), coordinator(s), etc.)							
Credits							
(Main organizer, co-							
host(s), sponsor(s),							
etc.)  Details							

Reference material
Photos of past productions (Up to 2 projects)
Title of production
Attach photo of production.
Please feel free to briefly describe the project.
Title of production
Attach photo of production.
Please feel free to briefly describe the project.
If available, please insert URLs linking to videos of your past projects (YOUTUBE link, etc.)
*Please fill in the time within 3-5 minutes, so that we can identify the part you want us to look at in particular. (ex. 10'00"-14'30")