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| **Kinosaki International Arts Center　Artist-In-Residence program 2018-2019****Application form** |
| **Application date** | YYYY　　 /MM　　 /DD | Attach a portrait photo here. |
| **Name of applicant** |  |
| **Group name (if applicable)** |  |
| **Name of representative** |  |
| **Representative’s date of birth** |  |
| **Representative’s nationality** |  |
| **Address** |  |
| **TEL** |  | **FAX** |  |
| **E-mail** |  | **Website** |  |
| **Genre** | ※Please circle relevant genre (multiple choices allowed)Theatre　／　Dance　／　Music　／　Other　（　　　　　　　　　　　） |

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| **Representative’s background** |
| **Year / Month** | **Indicate educational background, earned degrees, artistic background, significant works and activities, awards won, etc.** |
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| **Artist statement and self-introduction (about 200 words)** |
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| **Project details** |
| **Project title** |  |
| **Project outline (about 200 words)** |
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| **Reason(s) for application (about 200 words)** |
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| **Preferred dates of stay** |
| 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 stay (about 200 words)** |
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| **Tentative schedule (based on choice 1)** |
| **Date** | **Plan** |
| MM　 /DD ～MM　 /DD  |  |
| MM　 /DD ～MM　 /DD  |  |
| MM　 /DD ～MM　 /DD  |  |
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| MM　 /DD ～MM　 /DD  |  |
| MM　 /DD ～MM　 /DD  |  |
| **Estimated total budget （including costs for post-residency performances）** |
| Income | ¥ |  | Main source of income |  |
| Expenses | ¥ |  | Main source of expenses |  |

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| **Local Community Exchange Program** |
| **Choose a Local Community Exchange Program event you would like to organize (multiple choices allowed)** |
| □ | Open rehearsal, performance | Show the public the result of the work done during your stay |
| □ | Artist talk session | 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 talk session | Create an opportunity for artists and locals to discuss together |
| □ | Other | Another event not listed above |
| **Please give details about the Local Community Exchange Program event(s) chosen** |
| Date |  |
| Venue |  |
| Targeted audience |  |
| Details |  |

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| **Use of facility during your stay** |
| **Number of people** | 　　　　　　people |
| **List of members （Please write the names of ALL members planning to stay, and please state who is the representative）** |
| **Name** | **Gender** | **Position** | **Name** | **Gender** | **Position** |
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| **Planned use of hall, studios, residence (Facility outline: http://kiac.jp/wp/wp-content/uploads/2016/04/hall\_studio.pdf)** |
| **Checkbox** | **Production space requested** | **Dates of use** |
| □ | Hall |  | MM　　 /DD　　 ～MM 　　/DD　　  |
| □ | Studio １ | （39㎡×H3.65m） | MM　　 /DD　　 ～MM　 　/DD　　  |
| □ | Studio ２ | （48㎡×H2.50m／soundproofed） | MM　　 /DD　 　～MM　　 /DD　　  |
| □ | Studio ３ | （41㎡×H2.35m） | MM　 　/DD 　　～MM 　　/DD　　  |
| □ | Studio ４ | （61㎡×H2.35m／mirror, ballet bar） | MM　　 /DD　　 ～MM　 　/DD　　  |
| □ | Studio ５ | （55㎡×H3.25m） | MM 　　/DD　 　～MM　　 /DD　 　 |
| □ | Studio ６ | （27㎡×H3.25m） | MM　 　/DD 　　～MM　 　/DD 　　 |
| **Checkbox** | **Rooms requested** | **Names of members to stay** |
| □ | Western Style room A | （Up to 2 people） |  |
| □ | Western Style room B | （Up to 2 people） |  |
| □ | Western Style room C | （Up to 3 people） |  |
| □ | Western Style room D | （Up to 3 people） |  |
| □ | Japanese Style room E | （Up to 4 people） |  |
| □ | Japanese Style room F | （Up to 4 people） |  |
| □ | Japanese Style room G | （Up to 4 people） |  |
| **Special requirements regarding the use of the facility** |
| Will you need to manufacture equipment at Kinosaki International Arts Center | Yes / No |
| Will you need a space to store large vehicles such as trucks and/or large equipment? (If yes, please state the type of vehicle and the size) | Yes / No |
| Please write below any other special requirement you have regarding the use of the facility |
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| **Future prospects** |
| **How do you plan to develop your project after your stay at KIAC? (about 200 words)**  |
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| **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 information 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 |  |

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| **Reference material** |
| **Photos of past productions (Up to 4 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. |
| 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.)**  |
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