

Kanaal10

GUEST STUDIO APPLICATION FORM

surname _____

firstname _____

street _____

zipcode/town _____

country _____

Tel _____

Fax _____

e-mail _____

male 0 female 0

nationality _____

date of birth _____

What disciplines are you working in at the moment

- sculpture
- installation
- painting
- drawing
- photography
- graphics
- media-art
- film/video
- dance/performance
- architecture
- fashion
- other.....

Have you received any academic art training?

Please fill in the desired residence period _____

(the studio may be used for a period of two months to a maximum period of five months)

Please give a short description about yourself and the aim of your visit:

date

your signature

Please mail this form and your CV to:

artist.kanaal10@gmail.com

kanaal 10

t.a.v. L. Hellings and E. Schippers

Add a link to your documentation or mail a pdf in low resolution