**Sasama Artist Residency Program Application Form**

**ささまレジデンスプログラム申込書**

申請日/ Date: Y /M /D

Photograph of Applicant

申請者の写真

|  |  |  |
| --- | --- | --- |
| Family Name / 名字 |  | First Name/ 名前 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Nationality / 国 |  | Year of Birth/ 生年月日 |
|  |  | Y | M | D |

|  |  |  |
| --- | --- | --- |
| Telephone Number / 電話番号 |  | Sex / 性別 |
|  |  | Male(男) |  | Female(女) |  |

|  |
| --- |
| E-mail |
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| --- |
| Address / 住所 |
|  |

|  |  |  |
| --- | --- | --- |
| City / 県 | Country / 国 | Postal code / 郵便番号  |
|  |  |  |

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| --- |
| Professional situation / 職業 |
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| --- |
| Languages that you can speak and level / コミュニケーションが可能な言語 |
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| --- |
| Expected duration for the residency / レジデンスの希望日時\*We reserve the right to refuse in case of impossibility / 時期・条件により日にちの変更をお願いすることがございます。 |
|  |
| From開始日 | Year | Month | Date | To終了日 | Year | Month | Date |
|  |  |  |  |  |  |

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| --- |
| Please write your prospective health problems or medical treatment健康上留意することがあればご記入ください |
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| Please write your prospective allergies食事等アレルギーなどがあればご記入ください |
|  |

Emergency contact / 緊急連絡先

|  |  |  |
| --- | --- | --- |
| Family Name / 名字 |  | First Name/ 名前 |
|  |  |  |

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| --- |
| E-mail |
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| --- |
| Address / 住所 |
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| --- | --- | --- |
| City / 県 | Country / 国 | Postal code / 郵便番号  |
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