



ADMISSION REQUEST FORM

Name : _____

Surname(s) : _____

Date of birth: _____

Country of birth: _____

Nationality: _____

if diaspora, from _____

Address:

Phone(s) : _____ ; _____

Email (s): _____

Website: _____

Family situation : _____

Passport 1- _____ (country of issuance)

Date of issuance _____ Expiry date _____

Passport 2- _____ (country of issuance)

Date of issuance _____ Expiry date _____

Artistic discipline

- | | |
|--|--|
| <input type="checkbox"/> painting | <input type="checkbox"/> video |
| <input type="checkbox"/> sculpture | <input type="checkbox"/> photography |
| <input type="checkbox"/> engraving (linocuts, lithography, etc.) | <input type="checkbox"/> installation |
| <input type="checkbox"/> serigraphy | <input type="checkbox"/> 2D/3D animation |

I hereby _____ request an admission to the artistic residence at le Centre d'Art in Haiti and certify that all the information contained in my file is true and that the presented works are of my creation.

In _____

Date _____

Signature