



## 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 \_\_\_\_\_  
(Town, country)

Date \_\_\_\_\_

Signature