

Etchings 2017 Application Form

Body Movement for Dancers, Choreographers, Actors and Performance Artists

In one single email, please send us the following:

* This application form (either doc or pdf)
* Biography (max. 200 words) or CV (pdf or doc format)
* Links to no more than three work samples (mp4s, videos, vimeo. Links should not expire or be password protected. Please no links to downloads)
* Email your completed application to [EtchingsBodyMovement2017@gmail.com](mailto:EtchingsBodyMovement2017@gmail.com)

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First (Given) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Current Age:\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality (country of passport you will be using): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Street Address (where you can be reached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_\_\_

Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: List any degrees pertinent to your study (optional)

List any special or significant achievements you would like to share (optional)

In 500 words or less, describe why you would like this experience:

Please list work(s) you are submitting for review. Include the link(s) and short description

Would you like to collaborate with musicians and performers.

Yes \_\_\_

No \_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_