

# OPEN PORT CLUB - ARTIST RESIDENCY PROGRAM APPLICATION FORM

- NAME (Family) \_\_\_\_\_ (First) \_\_\_\_\_

- EMAIL \_\_\_\_\_ - PHONE \_\_\_\_\_

- WEBSITE \_\_\_\_\_ - SNS \_\_\_\_\_

- BIRTHPLACE \_\_\_\_\_ - NATIONALITY \_\_\_\_\_

- CURRENT ADDRESS \_\_\_\_\_

- PERMANENT ADDRESS \_\_\_\_\_

- DATE OF BIRTH DAY MONTH YEAR - GENDER \_\_\_\_\_

- EDUCATION \_\_\_\_\_

- CURRENT OCCUPATION \_\_\_\_\_

- ARTIST'S STATEMENT \_\_\_\_\_

- MOTIVE FOR APPLICATION \_\_\_\_\_

Please send your application materials to [interactive@no-maps.jp](mailto:interactive@no-maps.jp) by June 28th, by email.  
Please send your inquiries about this program from the contact form.